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A CLINICAL LECTURE.

MASTURBATION IN THE FEMALE.

FIBROID TUMORS OF THE UTERUS—RECTOCELE, CYSTOCELE, AND PROLAPSE OF THE UTERUS.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first case which I bring before you is one of metrorrhagia. I have not yet obtained her history, but shall do so before you. She is 21 years of age. Menstruation began at the age of fifteen, and for the first year was not very free. Since the age of sixteen she has lost a great deal at the monthlies, which come at intervals of eighteen days and continue ten days. During the remainder of the time she continues to lose blood and finds it necessary to wear a guard all the time. Once in a while, for a day or two, she will be free from hemorrhage. She also suffers from dysmenorrhœa.

I have on other occasions told you the distinction between metrorrhagia and menorrhagia. The former is a flow of blood between the monthlies, the latter an excessive loss of blood at the monthly period. This girl has both metrorrhagia and menorrhagia. Her appearance would not indicate such reduction in flesh and strength as we should expect from such a history.

I shall now make a vaginal examination. The womb appears to be in nearly its proper position, and measures three inches in length, which is not uncommon in girls who have dysmenorrhœa and are losing blood. She tells me that she went to an excellent hospital in the city and that they gave her medicine and also made local treatment.

The girl is so excessively nervous, that I can gain no further information. My examination does not reveal a sufficient amount of anteversion to warrant me in supposing that there is any retention of menstrual blood. The efforts to expel the blood would cause hypertrophy of the muscular tissue and hypertrophy of the lining membrane, as a result of this thickening; hemorrhage occurs just as epistaxis takes place when the lining membrane of the nose is in this hypertrophied condition.

Hemorrhage also occurs in very weak girls, and then I am disposed to look upon it as an oozing of blood from its thinness, just as we have bleeding of the nose in young people whose health is below par.

Uterine hemorrhage may be due to congestion of the ovaries. If the congestion is marked, it may be the result of self-abuse. I do not think that this practice is by any manner of means as common in the female as in the male. There are several reasons why this should be the case. In the first place the genital organs of the woman are internal, and are not liable to the same irritation as are the organs of the male. Simple mechanical irritation will cause erection of the penis without any erotic feelings whatever. In the second place, by a wise provision of Providence, man is made the agressive creature. If woman were the aggressive party, there would be very little virtue in this world. The passions of the male are as a rule much stronger than those of the female. This is seen in the lower animals,

for the female often tries to prevent the approaches of the male. Virgil has some celebrated lines bearing on this point, telling how during the rutting season the stallion will dash over plains, leap over fences, wade through streams and swim over rivers in order to get at the mare. Another reason why the practice is not as common in the female as in the male, is that at the present time there are very few women in a condition of typically good health and therefore their passions are not so strongly developed. As I have said I do not think the practice is as common in females as in males, still it does occur in boarding schools and also in our public schools. Not only are these habits practised, but there have been circulated among the pupils of the public schools pamphlets of a pernicious character, as I learned when I was on the committee to look into the spread of this foul literature. We found that pamphlets of the most debasing character had been distributed in the public schools.

As the patient positively refused to have any operation performed, I did not think it worth while to insist upon a thorough examination of the parts. What I should have done if she had been willing would have been to give ether, then currette the womb, and have some of the matter removed and examined with the microscope. I should then have examined the external organs to see if there were any evidences of masturbation. When the habit has been practised for any length of time the evidences can often be discovered by examination of the external organs.

Masturbation is not so readily accomplished in the female as it is in the male. Many females who practice this vice, never reach the orgasm. It seems as though it were necessary that the whole vagina should be dilated and impinged upon as in the natural act. I have taken a good deal of interest in the investigation of this matter, and I have seen a number of cases where masturbation was practised without the orgasm being reached, there being produced simply excessive excitement, the masturbator being obliged to desist from sheer weariness. This will explain why it is that when masturbation is practised by the female it is carried to a much greater extent than it is in the male. I had a female patient who masturbated as often as eight times in a day. There is no male that could stand such a drain on the system. It would end in excessive prostration, spinal trouble, or insanity. In that case in spite of the use of the largest doses of bromide of potassium, which is a specific for this condition, if there is a specific, in spite of all moral persuasion that could be brought to bear, the practice was continued. I applied cantharidial collodion to the whole vulva, producing a really cruel condition, but still the practice was continued. Under such circumstances the habit is a disease.

What does masturbation in the female produce? It will cause intense congestion of the ovaries and this will lead to the same condition in the annex of the ovaries, the womb, for the womb is really an annex of the ovaries. The womb is simply a pouch, while the ovaries are something more than that. This may lead to the production of an ectropion of the lining of the canal, and on two or three occasions I have found it very difficult to decide between this condition and laceration of the cervix. In two of these cases the hymen was present. On looking at the part, it closely simulated laceration, and the test with the tenacula failed to reveal the nature of the condition, for the tissues were so infiltrated and soft that they could be brought together covering up the erosion. In these cases I am satisfied that masturbation was practised.

What are the evidences of masturbation as revealed by an examination of the parts. In the first place, the clitoris is much elongated and the prepuce is hypertrophied and thrown into wrinkles. The nymphæ, which start from the clitoris and form the hood of the prepuce, from being rubbed become lengthened and thickened, and often there is more or less redness of the parts. On examination there is excessive sensitiveness. From the superficial examination which I have made, I do not feel warranted in saying that this is the condition in this patient, but there certainly was excessive sensitiveness. Placing my hand lightly over the left ovary, caused her to cry out. This may have resulted from excessive nervousness. Under the circumstances, we shall have to treat this patient somewhat empirically, but with an empiricism, based upon good sound common sense. I shall put her on the use of large doses of bromide of potassium. In addition I shall order capsules containing the oil of erigeron. The reason that I give this remedy instead of ergot, is that she has been to another hospital and they have in all probability given

ergot and this has done no good. Oil of erigeron is an excellent remedy for stopping hemorrhage when ergot fails. It is a disagreeable remedy to take. Its taste can, however, be disguised to a certain extent by suspending it in mucilage, but the capsules containing about five drops are much more elegant. When menstruation begins she will take one of these capsules every hour until some effect is produced or the drug disturbs the stomach, for erigeron, like ergot, has the unfortunate property of disturbing the stomach. This is usually first manifested by belching up of the medicine. The bromide of potassium will be given in twenty grain doses three times a day.

If we can persuade her to come here again and stay in the hospital forty-eight hours, we shall see in what condition the endometrium is and make the necessary examination. It is not a good practice to curette the womb and allow the patient to go home. A short time ago, I curetted the womb and allowed the patient to return to her home twenty miles in the country, and two days afterwards her physician sent me a letter stating that she had quite a sharp attack of pelvic peritonitis.

Treatment of Fibroid Tumors of the Uterus.—This patient is 44 years of age, unmarried, and loses a great deal of blood at her periods, the menses returning every two weeks. A history of this kind in an unmarried woman of forty-four would indicate a fibroid tumor or polypus, and of the two the former is the more common. The hemorrhage might be due to fungous vegetations in the cavity of the womb Cancer may be excluded, for it would be very unusual to find cancer of the cervix under these circumstances. There might be a sarcoma in the interior of the womb, but this is a rare disease. I have not seen more than six or eight cases in the course of my practice.

This hemorrhage has existed for a number of years, but during the past four or five years it has been growing worse.

Examining per vaginam, I find the cervix in pretty good condition. It is not effaced. The mouth of the womb is larger than it should be. Through the abdomen I can distinctly feel a tumor, which from the movement that it communicates to the womb is probably a fibroid tumor. Introducing the sound, I find that it passes to the left, and when the tumor is moved, the sound is also moved. That is one of the evidences of a fibroid tumor. An ovarian tumor will not usually communicate any movement to a sound in the cavity of the uterus. In exceptional cases, however, a small ovarian tumor is adherent to the womb and then, of course, movement of the tumor will affect the womb. The sound gives a measurement of four and three-fourths inches. If the tumor started from beneath the peritoneum, it would not necessarily cause enlargement of the womb. If the fibroid starts from the wall of the organ, and especially if it begins beneath the mucous membrane, the womb would be lengthened out. This tumor is not very large. The tumor is evidently partly in the wall of the womb and partly submucous. As you observe there is a considerable quantity of fat in the abdominal wall. It is frequently found that women who are losing blood from a fibroid tumor, may make fat although their color is very poor. The loss of blood sometimes favors the production of fat. Butchers in some countries take advantage of this fact, and in order to fatten the cattle and make the meat of a peculiar color, they bleed the animal. As felt through the abdominal wall the womb is about five inches wide.

The question now comes up as to what shall be done for this patient? There are several ways of treating this case. If the mouth of the womb were thoroughly dilated and the tumor were submucous, it would be proper to remove it in that way. The os would be dilated and then the capsule of the tumor incised. With the finger the tumor would be separated from its capsule, and, if there were room, be seized with a polypus forceps and drawn and enucleated as an orange would be removed from its rind. The adhesion between a fibroid tumor and its capsule is not greater than that between an orange and its rind.

That would be proper if the cervix were dilated. Here the os is nearly closed. She tells me that eight or nine months ago she was treated in the old country and given a medicine by the mouth. I should like to know what had been given. If ergot had been tried there would be no use in repeating it. I shall begin the treatment with the administration of chloride of ammonium in ten grain doses, increased to fifteen grains three times a day and with this as much ergot as she can bear, going as high as a teaspoonful of the fluid extract three times a day, but I should not exceed this. She will probably not be able to take so much.

There are two reasons why these patients cannot take large doses of ergot. The most common is that it produces disturbance of the stomach; the other reason affords a most excellent symptom, that is pain in the womb. If this is produced, you may be pretty sure that ergot is going to do good. The pain is due to contraction of the womb. This will squeeze the blood from the womb, and the fibroid will not receive enough blood to enable it to grow, and more than that, not receiving a sufficient quantity of blood it will atrophy. A short time ago I gave ergot to a lady, and in a few days she returned stating that she had suffered great pain in the lower part of the stomach, and on examining the womb I found that in one week the length of the uterus had decreased half an inch. I use the ammonium chloride for its action on glandular tissues.

Under this plan of treatment, I have seen a number of cases in which a tumor the size of the fœtal head became as small as a small apple, but I have never seen the tumor entirely disappear. Sometimes ergot is injected under the skin. This is a good method. There are a number of preparations which may be employed. I usually use Bonjean's ergotine or Squibb's extract, which is prepared by inspissating the fluid extract. The injections are made beneath the skin of the abdomen. This point is selected because it is the least painful part, and because the injections discolor the skin, and it is necessary to introduce the medicine where the discoloration will not disfigure the person. Lately, sclerotic acid, which is one of the constituents of ergot, has been recommended for hypodermic injections. It is used in doses of one or two grains, and is said to be less painful than the other preparations.

We shall order for this patient twenty minims of the fluid extract of ergot and ten grains of ammonium chloride three times a day before meals, if she can take it then, if she cannot, it will be taken after meals. [The patient was now removed.] If this fails, and she has time, we shall perhaps try the hypodermic use of ergot. I find that few women are willing to put up with the great suffering which this causes, for the pain is severe and lasts a long time. If morphia is combined with the ergot it tends to prevent the action of the ergot. In injecting ergot it is necessary to be sure that the needle enters the muscular tissue, for if the medicine is deposited in the areolar tissue, there is great danger of the formation of abscesses. Care must be taken that the needle does not perforate the peritoneal cavity. In a case which came under my notice, I feel sure that the injection entered the abdomen from the severe peritonitis which was set up.

The hypodermic injection of ergot is a comparatively harmless procedure, and yet I have seen death result from its use. This occurred a number of years ago. I did not know as much as I do now, or I probably should have resorted to the currette. It was a case of multiple fibroids of the womb. The physician, who was a first-class man, had done all that he could. I was called in and together we tried all the various remedies, ergot, erigeron, gallic acid, and so on, but they all failed to stop the bleeding. We finally began the hypodermic injection of ergot. Death was caused by the process of cure. The contraction of the muscles of the womb had so cut off the supply of blood that one of the tumors became necrosed, an abscess formed in its centre, and the patient died of septicæmia. Other physicians have reported cases of death resulting from the same cause. Such cases are so rare that one may practically put them to one side. If ergot by the mouth disagrees, it may be given by the bowel. If you are in the country you can readily make a suppositor of ergot by evaporating the fluid extract over a water bath until it is of the proper consistence and then forming it into a suppository with some suitable material. The fluid extract may be suspended in starch and given by enema.

Suppose these measures fail, what next? The last remedy is oöphorectomy—the removal of ovaries. I have performed this operation repeatedly with great benefit in cases of fibroid tumor. I have but one failure and that was due to a faulty diagnosis. This was an unmarried woman of 28, who had incessant bleeding which nothing would stop. I waited a short time to allow her to gain strength to undergo the operation, but I found she was continually growing weaker, so I performed the operation in her debilitated condition. She recovered without a bad symptom. She returned to her home, and six months later wrote to me that she was feeling very well, had had no bleeding, and had just been on a picnic, a thing which she had not done for years. After a time I received another letter, stating that the bleeding returned. I told her to come

back. On examining her, I found that the tumor had grown, and I thought that it could be enucleated. I put her under ether and passed my finger into the uterus. The tumor did not have the feel of a fibroid tumor, so I twisted off a portion and had it examined under the microscope. It was found to be a sarcoma. Of course, removing the ovaries for malignant disease would do no good.

The removal of the ovaries does good in the following ways: In the first place, a number of bloodvessels are cut away with the broad ligament. In the second place the monthly congestions are arrested; and in the third place the sexual congestions are to a certain extent, although not completely, arrested.

Rectocele, Cystocele, and Prolapse of the Uterus.—This patient brings a note from her physician stating that she has a cystocele and asking us to do what we can for her. She is a married woman, aged 55 years, and has had nine children. The menses stopped some eight years ago. For a number of years she has been suffering from what she considers to be falling of the womb. During the past two years this has been much worse. The passage of urine gives a great deal of pain; and she has a constant bearing down feeling. Cystocele is a disease of married women. It means that the parts are relaxed, that the perineum is ruptured or thinned out. There may be sundering of the muscular tissue, while the skin remains intact. Usually there is more or less prolapse of the womb.

Making a physical examination, we find that there is prolapse of the posterior wall of the vagina and also prolapse of the anterior wall. Between these there is a prolapsed womb, the neck of which has been lacerated, the posterior lip has grown while the anterior lip has been destroyed. The perineum is partially torn.

What is to be done? The first thing to be done in a case of this kind, is to put in a pessary, but the difficulty is that a pessary is usually forced out. She has been under the care of a good physician, and I suppose that the pessary has been thoroughly tried. The next thing is an operation. In this case, so long as the anterior wall does not prolapse very much and the posterior wall does, the best plan would be to form a good thick perineum. The mucous membrane should be dissected up and then each side of the tear be denuded up to the level of the urethra. Then bring the parts together with sutures, turning in the mucous membrane which has been dissected up, so as to form the back wall of the perineum. This will give support to the anterior wall of the vagina. In many cases this is sufficient, but in other cases, it is necessary to perform a second operation on the anterior wall. In some cases any operation will be unsuccessful. In this case we shall, I think, be able to benefit the patient.

I shall probably operate on this patient at the next clinic, in the mean time I shall order the following mixture:—

℞. Potasii bromidi . . . ʒvj.
Rad. calumbæ contus.
Rad. zingerber. " . . aa ʒj.
Aquæ bulliens . . . . Oj.
Infuse.
Sig. A tablespoonful three times a day.

This will make her feel that we are interested in her and will help to relieve some of her aches and pains.

ORIGINAL COMMUNICATIONS.

ELECTRICITY IN ABDOMINAL DISORDERS.

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NO class of disease is more important to the patient or physician than some of those affecting the abdominal viscera. Many disorders of this cavity are intractable, some of them so hard to manage as to be deemed incurable in not a few instances. A specialist who could make the study of "dyspepsia" his object, and who would successfully meet and overcome the hydra-headed monster would be assured of a competence at least, and most likely a fortune. Probably the most grateful patients I have ever had were those who were cured of some form of this miserable torment. I propose to notice a few points in the treatment of dyspepsia principally by electricity to begin with, and then to speak of the use of this agent in other disturbances of the abdominal organs.

Dyspepsia.—Many forms of dyspepsia exist, and the same difficulty in one patient may present an altogether different aspect in another. One of the commonest types is that in which,

after eating, a sense of heaviness or distension of the stomach ensues. Three causes may produce this and other phases of the disease which we will not stop to describe.

1. *Lack of muscular tone*, the result of which is to prevent the full mechanical treatment of the ingested mass, without whch action digestion must fail. The muscular fibres of the stomach are readily obtunded in their action by overstretching, which may occur from excessive distension of the viscus by gas, water, or solid food. Many people, blessed with a good appetite, fail to use it judiciously, they go on eating not until hunger is satisfied, but until they can hold no more, the feeling of fulness to them is content, they are not so much concerned with quality as quantity, and after a time the overtaxed fibres give out, their elasticity, like that of a rubber band, is exhausted, the result being a flabby stomach incapable of doing its most important work—the *grinding* of the contained mass—and through failure of this mechanical duty the food is not thoroughly mixed with the gastric juice, nor is the disintegration of the ingesta into a fine pulp—a perfect chyme—performed as it must be to prepare the product for the succeeding intestinal digestion.

No particular drug can in itself, nor will any amount of it however faithfully taken or long continued, relieve this condition; the exciting cause must be relinquished, the stomach must have rest, and the overworked muscles must be toned up and rejuvenated. Pepsin, bismuth, nux, and strychnia must and will always fail in these cases. For instance, a gentleman consulted me several years ago, who being more inclined to enjoy his gustible nature than to use his brain, which was a good though lazy one, spent much of his time with friends addicted to the pleasures of the table. After a time he lost much of his enjoyment for dinner because the weight felt in his stomach after a hearty breakfast was longer in disappearing from week to week. First of all he gave up breakfast, next stopped supper, and finally his distress was so great that his one remaining joy in life—his dinner—was in danger of also being dispensed with. He and his friends laid the blame on wine; experience in temperance proved this to be wrong. One article after another was dropped from the "progamme," as the countryman termed the *menu*, but no improvement resulted. Next a physician was seen, and powders were ordered; no good. The next prescription was a liquid; still no good. Laxatives were ordered without effect. A fair trial convinced the patient that the doctor did him no service and a change was made. About the same course was pursued, and being inquisitive, as well as anxious, the sufferer learned on inquiry that pepsin, pancreatin, quinia, and tonics with laxatives in various combinations, were prescribed by both gentlemen without the slightest relief. He came into my hands next and told me the above history of his case. Investigation convinced me that his difficulty was altogether due to over-eating and consequent overtax of the gastric muscular coat. The will power was wanting. I gave no pepsin or medicine; I curtailed his diet in kind and degree; I gave his overburdened stomach rest; and in six months he was so well as to encourage him to begin all over again, which he did to my subsequent advantage in a few months thereafter. This relapse, however, satisfied him of the correctness of my diagnosis, whereas before he concerned himself only as to treatment. He has behaved himself ever since.

2. *Deficient secretion of gastric juice* may result in dyspepsia characterized by fulness after eating. This is quite a common variety of dyspepsia. The gastric juice is a viscid fluid, acid in reaction, and it retains its digestive power after filtration, and even when very old and mouldy. Its principal ingredient is pepsin, with hydrochloric acid and chlorides of soda, potassa, ammonia, and lime. The amount of phosphates is small. Water exists to some 973 parts in a thousand. Stimulus of the gastric follicles is required for free secretion, and the presence of food is sufficient to excite this action. The quantity required of gastric juice is not far from seventy or seventy-five ounces per day in a healthy adult for proper digestion. It is reasonable to expect that when so many other organs fail to secrete their product at times the gastric follicles would also fail, yet practice points out the fact that attention is usually given to the quality or power of the fluid rather than to its amount as producer. Pepsin preparations are here of use undoubtedly, but they are not in themselves sufficient. Regulation of diet is also of less importance than in the preceding type if the muscular tone is poor.

Deficiency of this fluid debars the food from

disintegration just as much as does lack of grinding power—the chyme is not formed, and after a time the contents are forced out into the intestine to undergo such imperfect digestion as must then take place. The acid contents thus reaching the duodenum have not been histogenetically digested, hence the alkaline or calorifacient digestion must also be interfered with.

3. *A lack of pepsin in the gastric juice* will also prevent stomach action and produce heaviness or fulness after meals. Fully two-thirds of the solid contents of gastric juice is pepsin, hence the fluid though all right as concerns its acid reaction will be useless in proportion as it is deficient in pepsin. It is in these cases that so much harm is continually being done by efforts to counteract *acidity* of the stomach. Neutralization by alkalies, and particularly by bismuth, is erroneous and provocative of further harm, because it is not from excess of acid or "souring of the food," as the people phrase it, that this form of dyspepsia arises, it is the failure of the gastric juice to act from lack of its main ingredient which, when normally present, balances the acid reaction of the chyme so that it is not felt to be burning or oppressive. Water brash or sour eructations are not then present.

Subacute gastritis is always kept up by such treatment if present, as it generally is, in cases of deficient pepsin production, and the difficulty in these patients arises mainly from the tendency to amateur doctoring they possess, and the irritating remedies they employ, such as tinctures of ginger, capsicum, peppermint, or whiskey, before coming into the hands of the physician. Here pepsin is the main prop and in full doses it will act nicely.

Leaving the stomach and details of treatment in the varieties of its dyspepsias we go on to difficulties in intestinal or calorifacient digestion. The usual defects here encountered are failure of the liver to supply a proper quantity and quality of bile, and the same with reference to the duty of the pancreas, a very important organ indeed.

Bile if deficient in amount will aid in producing indigestion. This fluid well known in its appearance and constitution has been termed the natural cathartic, and of it fifty ounces or more are poured into the intestine daily. This fluid is in part a refuse product, and some of it is carried to the rectum, but there is no doubt but that much of it is digested along with the chyme (now being transformed into chyle) and reabsorbed; in fact the biliary fluid to a great extent circulates in the chylopoietic system as some of its constituents are absorbed from the stomach and intestine, they pass through the mesenteric and portal circulation, and are discharged in part into the gut once more. It is probable that bile has more to do with nutrition through the complex action of the liver upon blood than with actual digestion, but, nevertheless, its absence from the intestine produces derangements of digestion readily distinguished from the ordinary hepatic disorders.

The *pancreatic juice* is in many respects similar to the saliva, being a viscid alkaline fluid of about 1.008 specific gravity. Its chief function is to complete the digestion of starch and oils or fats. The starch group is transformed into sugar and lactic acid, and the oils are emulsified. Considerable effect is also produced by pancreatine on flesh, which it disintegrates; although its action on connective tissue is not so marked as that of pepsin. Pancreatic fluid is secreted to the amount of seven to ten ounces per day, and exerts its influence in not more than the upper half or possibly third of the intestinal tube.

The action of the secretion from the enteric follicles and glands, those of Brunner, Peyer, and Lieberkuhn, apparently complete any loss of duty by the salivary, the peptic, and the pancreatic fluids. The position held by these are not definitely understood or agreed upon by physiologists; at any rate we do not possess in drugs, at least, materials capable of directly stimulating their function.

Disorders of the mesenteric glandular system do not ordinarily affect digestion, they interfere with absorption of chyle and with its metamorphosis during its passage to the venous system. These affections are not only of interest as disturbing nutrition, but they are the primary cause beyond doubt of many serious maladies in other organs from impoverished blood supply caused by their failure to act.

With this much as to the factors concerned in indigestion we take up its treatment. It may appear, at first, a simple matter to treat dyspepsia of any form; those who have had experience in its management know to the contrary. A large part of the therapeusis of the disorder in ordinary methods is comprised in first, purgatives, and second, bitters. The

first ordinarily do no more than other irritants would; they certainly hurry the contents forward, but at the expense of nutrition, and many a case has come into my hands where the patients were anæmic, debilitated, and fleshless from dyspepsia as they thought, but where they regained, perceptibly, strength and weight on placebos; they had been purged too much. The bitters do better, but they are the cause of lost time which might be better employed. As the operation of the secretory organs is under the control of the nervous system, it is clear that agents capable of acting directly on innervation should be valuable in deficient action of the organ at fault. Properly applied, electricity has no rival in stimulating not alone the glands and follicles of the intestine but the muscular layers also. In all cases as an adjunct it comes in nicely, in many it alone is sufficient to work a cure.

In all cases of dyspepsia attention must be given to the general condition of the person. The skin, the kidneys, and the alvine dejections must be looked after. In dry, harsh skin, where desquamation is too rapid, nothing better than the Turkish or Russian bath is obtainable. One or two baths weekly, with as prolonged massage as the patient can bear, is desirable. The effect in a short time is to produce a soft, smooth, and healthy skin, and normal action of the sudoriferous glands is secured. In cases of general debility general faradization is an admirable addition, and it may be combined with the massage to advantage. Diuretics of a strong nature must be avoided should the kidneys need prompting. The gentler waters from various spas are indicated, or even free use of good spring water free from medicinal properties will do. Pure water is a good diuretic, not enough used. Friction over the region of the kidneys is at times a good method in engorged states, the blood being mechanically squeezed out if sufficient pressure and counter-pressure be used.

If laxatives are needed, let them be mild and simple—eschew drastics. Cascara sagrada with nux vomica or belladonna in small doses will generally suffice, or an enema will frequently take their place. Phosphate of soda largely diluted with water, and a little common salt added at bedtime, is an excellent remedy. The dose of phosphate need not be over ten grains per day.

The advantage of electricity in constipation and intestinal torpor will be considered in a future article.

Subacute gastritis is best treated by giving the stomach rest. The diet should be light and easily disposed of. Koumis, peptonized milk (half cream), strong beef-tea, scraped raw beef in raw oyster juice, and gum arabic water with phosphoric acid, are all good. Ice-cream is often well borne. All food should be in small amounts every three hours. Nitrate of silver, ergot, and hydrocyanic acid, comprise my own list of drugs, the first the best in one-eighth or one-quarter grain doses six times a day in mucilage, and suspended every seven days for a week.

Muscular over-distension is met by rest, by light diet as above, with astringents and faradism. I like a combination such as this:—

℞. Zinci valerianat . . . ʒj.
Ferri sulph. exsiccat. . . ʒij.
Ext. sumbul . . . . ʒiij.
M. Divide into 120 pills.
Sig. Two four times daily.

I often advise in debilitated patients Burgundy, one or two wineglassfuls before meals. In the real article the tannin is both astringent and tonic, yet the alcohol is not excessive. The wine is hard to get. Faradic currents here come into play admirably. Moderate currents are to be used (1–3″ sec.), one pole being applied say to the spine beneath the scapulæ or any indifferent locality, and the other over the epigastrium. The best rheophore for the latter pole is the operator's hand; it recognizes the tension, it adapts itself to the contour of the parts, it serves through variable pressure as a rheostat. The applications are made daily—better thrice daily. They are better made just before eating, the object being to induce muscular contraction and condensation of the dilated viscus.

In each of thirty cases in my note-book of dilatation thus treated, all recovered thoroughly without other measures. It is in such cases that fermentation is apt to occur, and that washing out the stomach with a syphon has been much practised, but I have had no occasion to do otherwise than stated. There is no objection to using pepsin if you choose, but it is, I imagine, seldom needed.

The second class of dyspepsias we refer to is that of *deficient secretion of gastric juice.* The treatment here needed may be partly met by medicine, by diet, and by galvanism; aside

from the latter, the principal remedy is undoubtedly pepsin, and when I name this drug I do not mean the "saccharated" product; for no one except the maker has any idea how much or rather how little pure pepsin the mixture contains. Saccharated pepsins, pancreatins, and the whole category of proprietary messes of complex nature are usually inert, often a barefaced swindle, despite the puffery they obtain from "professors" of all kinds, but more particularly from the disinterested young men, who kindly teach in their little shops all the branches which appears beyond the ability of the universities and other medical schools to manage. Ministers and members of Congress used to supply testimonials to proprietary and other quack medicines, the duty now devolves upon the regular profession.

Give *pure* pepsin, and give it in full doses or it will fail. For ordinary cases a good formula is:—

℞. Pepsin in scales . . . ʒij.
Acid hydrochloric dil. . . fʒiij.
Glycerine . . . . fʒij.
Mucilage acacia ad. . . fʒiv.
M. Sig. A teaspoonful in water after eating.

The action of the gastric follicles may in some instances be stimulated by jarborandi, and in others by strychnia. I believe the following to be a good combination:—

℞. Strychnia murias . . gr. ½
Fl. ext. jarborandi . . fʒij.
Tr. cardamon comp.
Aqua . . . . āā fʒij.
Sig. A teasponful half an hour before eating in a wineglass of water. To this may be added the pepsin mixture *after* the meal.

The lactate of iron is frequently serviceable, and it may be combined with either of the two formulas given, or an excess of lactic acid can be added and the salt given thus alone before meals.

Dyspepsia may result from *poverty of the gastric juice;* that is it may be of sufficient volume but of deficient strength. The general health is always at fault in this case, and to overcome it we must use general tonics and abdominal massage with galvanism. The potassio-tartrate and the ammonio-citrate of iron are good and easily assimilated salts. The first is beyond question the most efficient blood maker we have, and along with Burgundy, as already suggested, it reddens the pale lips, and gives color to the blanched cheeks rapidly. A favorite with me is:—

℞. Ferri et potassa tart. . . ʒj.
Acid tartaric . . . ʒj.
Glycerine . . . . fʒiv.
Aqua ad. . . . . fʒiv.
M. Sig. Dessertspoonful before meals.

The iron should be dissolved in boiling water, the acid added, and next the glycerine. If diarrhœa ensues lessen the dose or give a few grains of alum in water shortly before the dose of iron. If headache presents the mixture should be suspended for a day or two. The ammonio-citrate may take the place of the tartrate, but it is not, I think, so serviceable. Fresh air, change of scene, and regular exercise are, of course, utilized when possible.

Galvanism produces excellent results in the last two causes described. Many experiments have have been made in my cases to determine the effect of direct and inverse currents, and of either polar method in controlling the action of glands with reference to the reaction of their secretion; as, for instance, the acid nature of the gastric juice being stimulated by the anode, and the alkaline character of the pancreatic juices by the cathode respectively. Some curious results were obtained directly and indirectly which do not concern this paper, and I therefore, refer only to the *modus operandi* in the disorders under consideration. I ordinarily employ a current of say fifteen volts to begin with, and this may be slowly increased to twenty, which is enough at any time. In most cases I apply the positive to the dorsal spine below the scapulæ and the negative to the epigastrium. In stubborn cases the positive is placed in the auriculo-maxillary fossa and the other as before. Caution must here be noted as the sympathetic is brought into the circuit, and a few cells only (3 to 5), say six volts used. Particular care must be exercised in females, in weak or nervous subjects, or you will have them gaping or getting ready for a fainting spell. I tumbled a strong countryman over one day, and he would never take any more "machine business," as he called it, but the first dose scared his stomach as well as his brain, and it remained docile thereafter.

The treatment should be daily, the seance ten to twenty minutes. The rheophores must be large and well filled with salt or acidulated water. Faradism is apparently of little use, but static-electric currents are of possible importance. The effect of these high tension currents is generally too painful for ordinary

patients, and as galvanism affords by all odds the best results to my mind I see no necessity for looking further.

In my next paper I shall take up defective intestinal digestion and assimilation.

246 North Twentieth Street.

CHRONIC NEPHRITIS IN RELATION TO CATARACT.

BY M. LANDESBERG, M.D.

DURING the course of his investigations into the pathogenesis of cataract, Deutschmann happened to meet with three cases in which, on repeated examination, the urine was found to contain a certain amount of albumen. The presence of the latter in the urine he considered as a pathognomonic symptom of Bright's disease, which might possibly have caused cataract in these instances. In order to elucidate the subject, and to solve the problem, he began to test the urine for albumen in every case of cataract which came under his notice at the eye clinic at the University of Göttingen.

The results of his examinations were as follows: Of 305 patients, the urine contained albumen in 39 instances. Of the latter, abnormal microscopical ingredients in the urinary sediment were found in 18. In most patients the amount of albumen was but small.

Deutschmann starts with the assertion that the presence of albumen in the urine of itself signifies the existence of chronic nephritis, although other pathological evidences of renal disturbance may be absent. The large percentage of cases of albuminuria among patients suffering with cataract, which he makes out, seems to him an undeniable proof that cataract in these instances has been the immediate consequence of the renal affection. He does not hesitate to introduce chronic nephritis into the etiology of catarrh, and sets up a new form of the latter, which he calls "nephritic cataract."

Shortly after Deutschmann's first communication on the subject, I set to work to get a correct view of the matter by my own investigations. For this purpose I began testing the urine for albumen in every case of simple cataract which came under my notice, either in my private or dispensary practice. The presence of even mere traces of albumen in the urine was a sufficient cause for examining the urinary sediment with the microscope, and for making a thorough examination of the whole system of the respective patient, in order to establish a sure diagnosis.

Of the 376 patients examined in this manner the urine was absolutely normal in 327, and abnormal in 49. The abnormal ingredients were: Sugar in 3 patients; sugar, with small traces of albumen, in 2 patients; albumen in 44 patients.

The amount of albumen in the latter instances was as follows: Mere traces in 9 patients; up to 5 per cent., 13 patients; between 5 and 10 per cent., 11 patients; between 10 and 20 per cent., 5 patients; between 20 and 30 per cent., 4 patients; higher amount, 2 patients.

The microscopical examination of the urinary sediment remained negative in 27 cases, and showed tube casts and renal epithelium in small quantity in 7 cases; tube casts, renal epithelium, and blood-corpuscles in somewhat larger quantity in 4 cases; tube-casts, degenerated epithelium and blood corpuscles in large quantity, in 6 cases. In these seventeen cases the amount of albumen in the urine varied from 10 to 50 per cent. In the 27 cases in which the microscope failed to detect any abnormal ingredients in the urinary sediment, the general examination revealed the following conditions:—

1. Chronic cystitis, in 5 cases, in two of which there was marked hypertrophy of the prostatic gland.

2. Chronic pyelitis in 2 cases.

In these 7 cases the amount of the albumen in the urine did not exceed the quantity of pus, which could have been caused by the inflammatory process of the parts.

3. Chronic gonorrhœa in a patient who had been treated for many months with large doses of cubebs. After the latter had been dispensed with, albuminuria disappeared totally.

4. Chronic dyspepsia in 5 cases.

In two patients, who have been under my observation for two years, I have been able to ascertain a close relation between the amount of the albumen present in the urine and the condition of the digestive disturbance. With the improvement of the latter albuminuria decreased to increase again with early relapse.

5. Highly marked neurasthenia in a patient, who has been suffering for the last year from great mental and bodily prostration. The amount of albumen in the urine was about 5 per cent. But albuminuria was only transient,

and disappeared totally with the recovery of full health.

6. A nervous and hysteric lady has been in the habit of taking a few berries of cubebs before each meal, in order to help digestion.

7. One patient confessed to have indulged in the use of tincture of cantharides in order to stimulate his sexual desires.

8. In two cases albuminuria was present at the first examination, and absent at the second one made two months later.

The most minute examinations of the 27 patients failed to detect any other pathognomonic symptom, which would have justified the diagnosis of chronic nephritis.

Or should Deutschmann's argument be valid that the mere presence of albumen in the urine necessarily implies chronic nephritis?

The recent investigations into the significance of albuminuria are in full contradiction to such an assumption. It is an established fact that albuminuria may occur in a great variety of diseases, as in the course of exanthemata, in continued fevers, in pneumonia, after an attack of epilepsy, in cases of sick headache, etc., where there is no functional disturbance of the kidneys. Albuminuria may also be the result of certain conditions in the general system, which do not necessarily involve impairment of health, as, for instance, in faulty digestion and in temporary congestion of the kidneys. According to Semmola, in faulty digestion the albumen of the blood, instead of being nutritious, is excrementitious, and is removed by the kidneys. A distinguished English authority is of the opinion that traces of albumen in the urine would be revealed by the chemical examination in almost every healthy man, if undertaken immediately after his coming out of an ocean bath. Transient albuminuria is produced by the action of cold water on the body, determining the blood to, and causing a temporary congestion of, the kidneys. Lastly, the transient appearance of the albumen in the urine without any assignable cause has been referred to by such eminent observers as Sir William Gull, Leube, Bamberger, Saundby, Clement Duke and others.

In view of these facts, no physician should allow himself to assume chronic nephritis solely because chemical examination has shown a certain amount of albumen in the urine. The diagnosis is only correct if all other pathognomonic symptoms of the affection are present, and this rule has to be adhered to the more strictly as the high significance of tube-casts in the urine, as an undeniable evidence of chronic nephritis, has somewhat been shaken by Charcot's latest investigations.

The question whether the presence of albumen in the urine might possibly have the significance of a premonitory symptom, of an indication likewise of "coming events," is answered by McBride in the following manner: "If there is a strong heredity of Bright's disease, and if the patient has a pulse of high tension, and has, perhaps, one of the diseases resulting from high tension, or which is often associated with Bright's disease, I think, then, that I am justified in stating that this is a symptom of beginning structural disease of the kidney. Otherwise, if these conditions are not present, the appearance of the albumen is of no special significance pathologically."

It is obvious that no further arguments are needed to justify me in having excluded from the category of chronic nephritis the 27 cases in which examination failed to detect any other pathgnomonic symptoms of the affection but the presence of albumen in the urine.

For the purpose of investigating into the relation which may exist between chronic nephritis and the development of cataract we are therefore restricted to the 17 cases, in which all symptoms coincided to establish a sure diagnosis of chronic Bright's disease.

Of the 17 patients there were 11 men (aged respectively 39, 41, 43, 49, 51, 55, 58, 61, 65, 68, and 77 years) and 6 women (aged respectively 43, 57, 59, 67, 70, and 76 years).

The cataract affected one eye only in 4 men (aged respectively 39, 49, 61, and 77 years), and in one woman of 59 years of age.

The following complications were present:—

1. Hypertrophy of the left ventricle in 4 men (aged respectively 43, 58, 61, and 68 years), and in one woman of 27 years of age.

2. Valvular disease with hypertrophy of the right ventricle in one man of 55 and in one woman of 59 years of age.

3. Cirrhosis of the liver in one man aged 77 years.

4. Stomach disturbances in one man of 49 and in one woman of 51 years of age.

5. Entarteritis chronica in one man of 65 and in one woman of 76 years of age.

The facts evinced in these instances were as follows:—

In the two cases with valvular disease and hypertrophy of the right ventricle, the affection had been caused by endocarditis, in consequence of acute rheumatism of the joints. The family physician, apprehending complications, watched the patients most carefully, and had the urine examined very frequently. Vision began to fail in either instance, in consequence of the development of the cataract, as it was ascertained at the time by a competent oculist. Cataract had already greatly progressed when the first symptoms of renal disturbance made their appearance.

In seven cases (mature cataract in four, immature cataract in two, and incipient cataract in one) investigation failed to ascertain which affection had been the primary one. Three patients had not the slightest suspicion of the real condition of their health, in spite of the fact that there was hypertrophy of the left ventricle in two instances, and endocarditis chronica in one.

In two cases with incipient cataract, and in one case with immature cataract, it could be assumed with a certain degree of probability that the renal affection had existed before the development of cataract. Of these cases one was complicated with cirrhosis of the liver, another with chronic endarteritis, and the third with digestive disorders.

In five cases I had the opportunity to observe the development of cataract in the course of chronic Bright's disease. These cases are briefly as follows:—

Case I. Saloon keeper, G., 42 years old, consulted me on account of impairment of vision of his right eye, which he had noticed a few days ago. The left eye he considered perfectly healthy. There were in both eyes the morbid changes in the retina known as retinitis e morbo Brightii, complicated in the right eye with large hemorrhages. Vision in the right eye was $\frac{1}{200}$, in the left $\frac{12}{20}$.

The urine was clear, of an amber color, and odorless. Its reaction was acid, and the specific gravity 1010. It contained about 40 per cent. of albumen and a large amount of tube-casts with granular débris and fatty degenerated epithelium and blood-corpuscles. Temporal arteries were highly tended and tortuous. The pulse was hard and full. There was hypertrophy of the left ventricle.

Patient, a robust and florid man, was rather shocked when I imparted to him the results of my examination. He left me thoroughly disgusted, to return, however, after an interval of five months, after he had fully become aware of his serious trouble. He looked worn-out and emaciated; his hair was thin, gray, and dry. Besides the above mentioned morbid changes there was marked œdema of the legs. The right eye could only count fingers at three feet distance, peripherically outwards. Background of the eye could hardly be seen. The left eye had vision $\frac{12}{60}$. The morbid condition in the retina was unchanged. *Both eyes showed incipient cataract.*

Case II. Merchant, M., 58 years old, suffering for the last five years (according to the notice kindly sent to me by his physician) from chronic nephritis with consequent hypertrophy of the left ventricle, applied to me, October, 1879, for examination of his eyes. I found vision $\frac{12}{15}$, with manifest hyperopia $\frac{1}{60}$ in either eye, and no trace of any morbid changes. His complaints were partly caused by the use of unsuitable glasses and partly by attacks of migraine, which have greatly troubled him during the last months.

He returned, May, 1883, with the following condition: Vision of the right eye $\frac{12}{40}$, of the left $\frac{12}{30}$. Background of either eye normal. In either eye beginning cataract.

Patient had this peculiar staring eye which is not unfrequently met with in Bright's disease. Temporal arteries were highly tortuous. Pulse was hard, long, and almost incompressible. There was hypertrophy of the left ventricle and œdema of the legs. Urine was of amber color, of acid reaction, and free from sediment and odor. Specific gravity 1017. It contained about 30 per cent. of albumen with numerous tube-casts and fatty degenerated epithelium.

Case III. Merchant, K., 65 years old, a confirmed sufferer from Bright's disease, first came under my notice, May, 1878, in order to have suitable glasses selected. Neither at this time nor two years later did the examination of his eyes reveal any morbid changes. The last time I was requested to see the patient in March, 1881, eight days before his death, I ascertained the following condition: General hydrops, emphysema, hypertrophy of the left ventricle. Arteries highly tended. Urine clear, of acid reaction, and of specific gravity of 1010. Amount of albumen about 15 per cent. Hyaline and granular tube-casts abundant. Blood corpuscles spare. Quantity of secreted urine in twenty-four hours (for the last week) thirty ounces. Staring eyes. Beginning cataract in either eye.

Case IV. Merchant, H., 39 years old, came under my treatment, May 17, 1881, for nephritic retinitis of both eyes. Vision was almost abolished in the left eye. Urine was clear,

darkish red, odorless and of acid reaction. Specific gravity 1020. It contained about 15 per cent. of albumen with spare tube-casts and degenerated epithelium.

General condition fair. Heart normal. Arteries highly tended. The second aortic sound markedly accentuated of metallic quality. Temporal arteries exceedingly tortuous.

Treatment had a very favorable effect upon the condition of the right eye, but could not prevent the fatal issue in the left one. The right eye remained stationary for two years to suffer loss of vision only by the subsequent development of cataract.

CASE V. Mrs. G., 50 years old, presented herself, May 10, 1882, in order to have suitable glasses selected. Examination showed: Vision of the right eye $\frac{12}{20}$, with convex 30 $\frac{12}{15}$; vision of the left eye $\frac{12}{30}$, with convex 36 $\frac{12}{15}$. Retinitis e morbo Brightii; retinal tissue only moderately affected.

From the countenance and appearance of the patient I could read the true history of her affection. She, whom I had formerly known as a robust and healthy woman, looked prematurely old and worn-out. This great change has been brought about, as I learned by my inquiry, by a gastric affection, which had confined her to bed during the whole winter. Epigastrium was painful on pressure, the tongue heavily coated, the breath foul, the liver enlarged. The heart was normal, but the arteries were highly tended and the legs œdematous. The urine was clear, almost odorless, of acid reaction, and of specific gravity of 1023. It contained about 20 per cent. of albumen, with abundant tube-casts and degenerated epithelium and a few blood corpuscles.

My diagnosis, which I imparted to the husband of the lady, was disapproved of by the family physician. Patient passed a comfortable summer, and hopes were entertained of full recovery. But the affection aggravated during the winter. General hydrops set in, with temporary retention of the urine and uræmic attacks. The retinal affection progressed and cataract developed in either eye.

The conclusions to be drawn from the present investigations are obvious. The fact cannot be disputed that in certain instances cataract may develop in the course of chronic nephritis. But the real significance of this complication with cataract, whether the latter presents a mere coincidence, or the immediate effect of the constitutional affection, is as yet involved in obscurity. To the unbiased mind either possibility is equally balanced. Cataract may be in these instances a mere coincidence, which has nothing whatever to do with the constitutional affection. Among other arguments in favor of this assumption, this one would bear strong evidence that, a few patients excepted, all others were found to be in such an advanced age, in which the development of senile cataract is generally and normally met with in healthy people. On the other hand we cannot deny that the renal affection might have been either the only or one of the principal causes, which have led to the development of cataract in these instances. And in favor of such a connection just these very cases could be adduced, in which nephritic retinitis had preceded the development of cataract. But these are only so-called academical expositions. The etiological connection between chronic nephritis and cataract cannot as yet be based upon scientific facts, and this being the case, it is preposterous to speak of any etiological relation between the two affections. If Deutschmann's arguments were valid, if the connection between chronic nephritis and cataract were established because cataract has been met with in certain instances of chronic nephritis, if the *post hoc ergo propter hoc* were a sufficient scientific deduction, then I do not see what should prevent us from setting up a form of cataract ex anæmia or e typho, inasmuch as the latter affections have often been followed by the development of cataract.

It is a useless endeavor to make brick without straw. It is Deutchmann's merit to have raised the question, but it cannot be brought to a satisfactory issue by hasty conclusions and preconceived ideas. Steady work and further unbiased observations are needed in order to attain the desired end, and for this purpose we have to appeal to the aid of our brethren in the general practice, who are in the position to make observations on this subject on a larger scale than it is within the scope of the oculist, and to further by their colaboration the solution of the problem.

2006 ARCH STREET, Philadelphia.

In Chicago there is one doctor to every 548 inhabitants; in St. Louis, one to every 475; in Denver, one to every 260; in Idaho, one to every 51, and in Wyoming Territory, one to every 30.

A CASE OF PYÆMIC ABSCESS OF THE KNEE-JOINT.

BY ALFRED S. GUBB, M.D.

CATHERINE O., married, aged 30, was admitted into the Westminster Hospital, Broad Sanctuary, London, England, on May 30th. Patient had been confined on the 20th (ten days previously) of her first child, after a tedious but otherwise natural labor. She progressed satisfactorily until on the third day after her confinement she got out of bed to pass water, when she was seized with agonizing pain in the back and abdomen, and was unable to regain her bed unaided. On being put back to bed she had several attacks of shivering followed by profuse sweating and a copious yellowish offensive discharge from the vagina. A medical man had been called in and had ordered vaginal injections of dilute Condy's fluid and an ordinary soap and water injection per rectum.

On admission, patient's appearance was sallow, worn, and anxious; her temperature was 103° F.; urine, sp. gr. 1022, acid with trace of albumen. Abdominal examination and palpation afforded no information, there was no swelling, no tympanitis, no tumefaction, no tenderness. Per vaginam the os uteri was found in usual position, but lips were patulous and everted and allowed passage of fingers to the extent of an inch but nothing could be felt through os. Posteriorly to os and rather to right was a hardish, smooth swelling. Uterus perfectly movable; vagina hot and relaxed. The left knee was the seat of a good deal of pain and swelling due to exudation into and around the joint.

The treatment was limited to three grain doses of quinine night and morning with an ounce of brandy every six hours; the leg was placed on a back splint and fomentations were applied. A day or two later (on the 14th of May) glycerine of belladonna was painted over joint, the fomentations being continued; the pain was very severe and prevented patient having any rest at night. Five days after admission her temperature had fallen to 99.5° F., and nine days later to normal.

On the 15th June, as the swelling and pain in joint showed no amelioration, one of the surgeons was asked to give his opinion (patient being at the time in the gynæcological ward), and under his advice several incisions were made into the joint antiseptically, giving exit to a quantity of pus, drainage tubes were inserted and an antiseptic dressing applied. Her temperature was 102° F. Brandy increased to one ounce every four hours.

On the 26th, patient was transferred to the surgical wards; her emaciation was extreme, and the suppuration was so excessive as to threaten exhaustion; her state was so critical that it was decided to amputate above the knee, and this was done at the junction of the upper with the middle third of the femur by the usual flap operation. Patient soon rallied from the shock of the operation and the wound healed very satisfactorily. The emaciation soon disappeared, and she is now well nourished, with a good appetite, and will shortly be discharged. The diagnosis was that of pyæmic abscess in knee-joint.

WESTMINSTER HOSPITAL, London, England.

THERAPEUTIC NOTES.

Old and tried formulas from our formulary:—

LIQUID SPICE PLASTER.

℞. Capsicum . . .
Cloves . . . .
Cinnamon . . .
Ginger . . . . āā ʒiv.

Exhaust with stronger alcohol, evaporate to four ounces, and add to a solution of—

Rosin . . . . ʒix–ʒij.
Venice turpentine . . ʒvij.
Alcohol (95 per cent.) . ʒxij.

Spread with a camel's-hair brush on paper covered with muslin, and apply in lumbago, muscular rheumatism, pain in chest, etc., over place of pain.

AN OLD AND VERY RELIABLE WHOOPING-COUGH MIXTURE.

℞. Potassii carb. . . . ʒj.
Coccionellæ . . . . gr. x.
Sacchari . . . . ʒj.
Aquæ . . . . ʒiv.

M. Dose for child of one year ʒij, of three years or more ʒss, three times a day.

DR. SABONBLENE'S BENZOATED PTISANA.

In renal and vesical affections when the urine is turbid or muddy, Dr. S. uses with the greatest benefit—

℞. Acidi benzoici . . gr xv.–xxx.
Aquæ aromatic distill. ʒiss–ʒij.
Sacchari . . . ʒiij–ʒiv.
Aquæ q. s. ad. . . Oij.

M. l. a. S. Drink freely.

CHLORAL HYDRATE IN GONNORRHŒA.

Dr. Rodriquez of the Imperial Brazilian Navy, reports the beneficial effect of injections of chloral hydrate solutions in this affection in the following prescription:—

℞. Chlorali hydratis . . ℥j.
Aquæ . . . . f℥viij.
M. S. Inject three times daily.

Dr. Basqua also confirms this, using it in the acute stage as follows:—

℞. Chlorali hydratis . . gr. xv.
Aquæ rosæ . . . ℥v.
S. Use twice daily.

ASTHMA.

℞. Stramonii fol. . . . ℥ij.
Potassii nitrat. . . . ℥iss.
Grindeliæ robustæ . .
Jaborandi . . . . āā ℥j.
Eucalypti . . . .
Digitalis . . . .
Cubebæ . . . . āā ℥iv.
Cascarillæ . . . . ℥j.

Mix when perfectly dry, and burn from a drachm to two drachms, inhaling the fumes.

A HANDY MIXTURE

To have in the office when malaria is around:—

℞. Chinoidine pul. . . . ℥iv.
Dissolved in alcohol . . Oij.
Chinchonidia . . . ℥j.
Dissolved in aromatic sulph. acid . . . . . ℥ij.
Fl. ext. cimicifuga . . .
Fl. ext. xanthoxylum . .
Fl. ext. leptandra . . .
Tr. gaultheria, strong . . āā ℥j.
Syr. simpl. . . . . qt. j.

M. Dose, one tablespoonful every two or three hours in the absence of fever.

WHITE'S COUGH SYRUP.

℞. Syr. tolutani . . . ℥ij.
Syr. scillæ comp. . . . ℥vj.
Syr. ipecacuanhæ . . ℥vj.
Glycerini . . . . ℥iv.
Tinct. lobeliæ . . . ℥vj.
Tinct. opii camph. . . ℥vj.
Extr. pilocarpi . . . f℥ij.
Ammonii chlorid. . . ℥j.

M. Take a teaspoonful three times during the day, and every hour or two before going to bed.

CORROSIVE SUBLIMATE SOLUTION FOR ANTISEPTIC USE.

℞. Hydrarg. bichloridi . . ℥ij.
Sodii chloridi . . . ℥j.
Aquæ destillat. . . . f℥iv.

M. One fluid drachm of this in one pint of water is nearly one to a thousand for use in operations.

POST-NASAL CATARRH (Allen Kelch).

℞. Pulveris sodii boratis . . ℥ss.
Pulveris sodii chloridi . . ℥ss.
Pulveris cubebæ . . . gr. v.

M. Use as a snuff.

POST-NASAL CATARRH (M. M. Brown).

℞. Permanganate of potass. . gr. x.
Talc . . . . . ℥j.
Subnit. bismuth . . . ℥j.

M. Ft. in pulv.

When the fetor is intense:—

℞. Iodoform . . . .
Calomel . . . .
Subnit. bismuth . . . āā ℥j.
Talc . . . . . ℥ij.

M. Ft. in pulv.

FRENCH LINIMENT.

For cuts, bruises, mashed hands, or lacerated wounds, in man or beast:—

℞. Oil turpentine . .
Linseed oil . . . āā ℥viij.
Oil juniper . . . ℥iv.
Barbadoes tar . . ℥iij.
Oil amber . . . ℥iv.
Oil seneca . . . ℈j.

Mix all, shake and apply.

DR. WENTWORTH'S CELEBRATED RED BOTTLE.

An English remedy for rheumatism, local swellings, bruises, inflammations, etc.:—

℞. Alcohol . . . . ℥iv.
Gum camphor . . . ℥ss.
Oil origanum . . . ℥j.
Tr. opium . . . . ℥ij.
Tr. aconite . . . . ℥ss.

M. S. Bathe.

Dr. B. recommended the following for the disguise of the smell of iodoform:—

℞. Iodoform . . . gr. c.
Acid carbolic . . . gr. ij.
Ol. meth. pip. . . . gtt. v–x.

ALUM IN WHOOPING-COUGH.

Dr. Warfwinge uses alum internally in whooping-cough with excellent results, and states that children take it without objection, and that it rarely causes constipation.

TREATMENT OF CHRONIC VAGINITIS.—Dr. Martineau has found, at the Lourcine Hospital, that salicylic acid mixed with powdered gum arabic and wheat flour, according to the following formula, gives good results:—

℞. Salicylic acid . . . 3 parts.
Wheat flour . . . 5 "
Powdered gum arabic . 1 "

This powder is applied to the whole of the internal surface of the vagina by means of an insufflator.—*Ann. des Mals. Genito-Urin.*

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"What can I pay thee for this noble usage
But grateful praise?"

IT is very pleasant after an absence of a few months to again resume our monthly chat with the readers of THE BULLETIN. As is well known to them, we visited Europe in an official capacity as a delegate to the International Medical Congress, which met at Copenhagen, Denmark, and also took the opportunity of attending the sessions of the British Medical Association, which were held at Belfast, Ireland. It is not our purpose here to give a history of what was done at the meetings of those important assemblages, and the part we took in them, but rather to express our thanks for the numerous kindnesses and the unbounded hospitality which were literally showered upon us. From the moment we landed upon the shores of Great Britain, during our stay upon the Continent, and until our departure, everything was done to make our visit a memorable one. And it will be a very green spot in our memory to recall in after years; dear with us as long as life continues to exist. To mention names would be invidious. Suffice it to say that with us they are imperishable; and in thus publicly acknowledging our indebtedness we do but little to repay the debt we owe. Our foreign cousins certainly possess the tact of making their guests comfortable; and it is done with such heartiness and good-will that you cannot but help feeling that it is genuine, and that they mean to prove to you that in our grand profession we are all brothers, intent upon doing good, not only to the laity, but to each one of the brotherhood. It was a proud day for us when we witnessed the respectful attention which was given to the remarks of the different American medical gentlemen at the assemblages of their societies, and the hearty applause that was bestowed upon them; the eagerness with which they were invited to express their views; and how readily in the after discussions their observations were analyzed, and whatever was susceptible of proof investigated with shrewd judgment. A noble class of gentlemen are our foreign friends, enlightened and public-spirited, and stand on an altitude equal to that of any of the other learned professions in Europe. Such, at least, is the result of our outlook. We would also say here, that the readers of THE BULLETIN will reap a profit by our visit, as we have made arrangements with some of the most distinguished and brilliant medical writers abroad to furnish us with articles on their different specialties, which cannot but be instructive and interesting. And now, in taking leave of our kind hosts, it is with regret that we have not more warmly expressed our inward sentiments, and will simply conclude with a hearty wish that the opportunity will soon arrive when we shall be able to show them that we have learned well the lesson of hospitality taught us.

"Home! sweet home!" Never did those words seem so dear to us as when we stepped on board the steamship that was to bring us to the shores of our own beloved country; never did we so thoroughly understand what was meant by "It is my own—my native land!" The longing to get home again grew with irresistible force, as we thought of the dear, good friends we should meet again; how thankful we would be if we were once more permitted to greet those who have stood by us in many a wearisome struggle; how we would renew old friendships and forget past enmities; and, above all, the numerous readers of THE BULLETIN, we determined, should learn that we had their interest at heart, and whatever profit we had gained by our tour should enure to their benefit. At length, after a very stormy passage, we safely reached home, and there an unexpected and very agreeable surprise awaited us, which deserves a separate paragraph.

Scarcely had we been seated in our office when a card was handed to us on which was engraved the following words: "Complimentary dinner tendered to Dr. J. V. Shoemaker by his friends on his return from Europe, at the Saint George Hotel, Saturday evening, September 20, 1884, at 8½ o'clock. The pleasure of your company is requested. To Dr. J. V. Shoemaker. Committee: Dr. Wm. B. Atkinson, Dr. F. E. Stewart, Dr. W. R. D. Blackwood, Dr. L. Wolff, Mr. Isaac Nathans, Mr. W. H. Smith." "Well," we thought, "this *is* capping the climax!" On due consideration we accepted the invitation, and discovering that it was intended that we should remain in ignorance of the names of the generous friends who were the movers in the affair, we patiently awaited the coming of the evening when we were to be so highly honored, and on its arrival made our appearance at the hotel in question. We were quickly enlightened then as to our friends, and it was a proud moment for us! After being escorted to the head of the tables we glanced around, and we assure our readers it was a pleasant sight to us to see eighty-five or ninety gentlemen, some from other cities as well as our own, assembled to greet with a hearty welcome one who, as yet in his few years of active life, had done so little to cause such a brilliant assemblage to meet in his honor. We felt proud and yet humbled. Proud of our friends. Humbled for our undeserving. The evening wore by agreeably. The gentlemen who addressed us were but too complimentary, at least we thought so, and gave us credit far beyond our due; but still it was delightful to be with old friends again! As the proceedings of the evening will be given in another part of the Journal we shall not dwell further on the subject, but simply remark, What have we done that we should be thus honored both at home and abroad? To all the participants our heartfelt thanks are due.

In concluding this acknowledgment it would be unjust if we did not thank our courteous and accomplished friend, Dr. Lawrence Wolff, and his associate, Dr. W. R. D. Blackwood, in conjunction with their staff (and we think the readers of THE BULLETIN will agree with us), for their able conduct of the Journal during our absence. We do not think confidence was misplaced when we requested Dr. Wolff to take charge, for each successive number bears the impress of painstaking care. And now, with pardonable pride, we once more seat ourselves in the editorial chair, and shall endeavor to prove to our friends that we have their best interest at heart by making this Journal a thoroughly welcome one to their firesides.

MILK SUPPLY IN LARGE CITIES.

NO more important single article of food is consumed throughout the land than milk. In many places it is now difficult or impossible to procure pure wholesome milk. New York is specially unfortunate in its supply of the lacteal fluid, and developments now and then show a dreadful state of affairs in this direction. The Orange County dairies are known to be largely situated on Manhattan Island in pent up, illy-ventilated, unclean stables, the cows are diseased, and slop fed; the resulting milk is diluted with water, and thickened by chalk and hogs' and calves' brains. In some parts of Europe snails are used for this purpose, and they are "cultivated expressly for the trade." We have not got to this length yet, but the "brains" are not more desirable because they are not to be obtained at all times in so fresh a state as the "snails."

Whilst it is not proven that Philadelphia is thus far advanced in the economic arts as her rival neighboring city, it is a certainty that all her milk is not grass-fed, or the product of good healthy stock, well cared for and capable of supplying rich milk well balanced in casein, butter, and salts, such as we need as a food, and such as we now pay an exorbitant price for. Not a particle of difficulty is experienced by the brewers in disposing of the enormous quantity of "grains," as refuse malt is termed after all its nutritious matter is removed by washing; and this inert rubbish is bought for a trifle by truck farmers and used as food for hogs and cows, the first to furnish "corn-fed

pork" and the latter "grass-butter and milk." The idea of using this stuff originated from a belief that it resembled the oil-cake left after exposing flaxseed, rape, or cotton-seed to high pressure to obtain the oil contained in these articles. No amount of pressure has yet removed all the oil from either of them, and stock will fatten readily upon the refuse "cake." Fat stock does not, however, always produce rich or plentiful milk, other characteristics being needed. To obtain a healthful, wholesome, palatable article of milk requires good *natural* food, grass, hay, and succulent roots, with pure fresh water for stock, and the stuff referred to is just as nourishing as sawdust and no more so, the nutriment having been removed by boiling as already stated. The water supply for stock in the district known as the "Neck," where much of the grains is consumed, is obtained from ponds and surface drains, these are contaminated by washings after showers from the fields and truck-patches which are stimulated by poudrette, and what the latter contains in the way of filth is a variable question depending somewhat on its original source—it may be a stable, a tenement house privy, or the drainage of a hotel or hospital with many guests of many peculiarities as to health or the opposite. That what is here stated may appear overdrawn by some of our readers is likely, but that the truth is less than half told is a fact, for the writer has devoted many a stroll to the inspection of the "milk farms" referred to, and has seen not only what is stated, but more than we have room to refer to now.

Municipal supervision has not yet touched the milk supply of our city, and between it and the water supply we are at the mercy of chance in our liquid refreshment or food.

We are assured by chemists that organic matter thrown into rivers affording water supply to cities becomes oxidized in the course of distance and time, and is then innoxious. That the same may be true as to the water fed to cattle and other farm animals supplying food for man when contaminated as herein shown may also be true; yet—between us and the chemists it is a matter of taste—oxidized sewage is not to our mind acceptable or palatable. Animals as well as human beings should have pure water given them that they may be pure, and that pure milk is a desideratum is as certain as the fact that we fail to get it in a large percentage of cases, the opinion of householders and others speaking without personal knowledge to the contrary notwithstanding.

MEDICAL EXAMINATIONS.

THE examination in Materia Medica in the University of Edinburgh seems well calculated to test the capabilities of the candidates. It consists of two parts, written and *viva voce*, or practical. It is held twice a year in April and July, the examiners being Dr. T. R. Fraser, the Professor of Materia Medica in the University, and Dr. Murrell, the Lecturer on Materia Medica at the Westminster Hospital, London. The following will give an idea of the style of questions put at the written examinations:—

1. How is *Calomel* prepared? What are its physical characters and chemical reactions? Give an account of its physiological action and therapeutic uses.

2. Enumerate the officinal compounds and preparations of *Arsenic*. What are the symptoms of (*a*) acute and of (*b*) chronic poisoning by arsenic?

3. Give an account of the physiological action and therapeutic uses of *Iodide of Potassium*. What other iodides are used in medicine? What do you understand by the term "Iodism?" What medicines administered internally often produce a rash on the skin?

4. Give an account of the physlological action of *Atropia* both on man and the lower animals. Mention some of the alkaloids to which it is most closely allied, and some to which it is antagonistic. What substances applied topically dilate the pupil and what contract it?

5. Enumerate the active principles of *Opium*, and give an account of the physiological action and the therapeutic uses of *Codeia*.

6. Describe the action of *Caffein* on the

nervous system, on the circulation, on the urinary system, and on nutrition. State its chief applications in disease, and the dose and forms in which it should be administered.

7. Mention two of the *Digestive Ferments* employed as remedial agents, and discuss fully the special influence, mode of action, and application of each.

8. Enumerate the chief *Emetics*. Discuss their mode of action, and state in what cases and under what circumstances any of them would be specially indicated.

The questions given at the oral examination are equally practical and usually take somewhat this form:—

What do you understand by the term *Aconite* as used in medicine? Give the popular as well as the botanical names. Where does the plant grow? Have you ever seen it growing? What height does it attain? What color are the flowers? What natural order does it belong to? What other species of aconite are used medicinally? What is the common name of Aconitum ferore? What other medicinal plants belong to the ranunculæ? How would you recognize a fragment of aconite leaf or root if given you for examination? What officinal preparations are there of the drug? What part of the plant is the extract prepared from? Is it a reliable preparation? What is the strength of the tincture? What alkaloids does the root contain? Is aconitia crystalline or amorphous? What are the therapeutic uses of aconite? How would you give it in a case of tonsillitis? What would be the effect on the skin? on the pulse? on the temperament? What other remedies are used as antipyretics? What is the antipyretic dose of sulphate of quinine? How would you use aconitia in the treatment of neuralgia? What is the dose for internal administration? In what form would you use the alkaloid locally? What precautions would you take? What other remedies are used in the treatment of neuralgia? What would be the symptoms of an overdose of aconite? What do you consider a toxic dose of the tincture? What would be your antidotal treatment? What is the action of digitalis on the frog's heart? How does atropia act? What is the action of atropia on the pupil? What drugs dilate the pupil? What drugs contract the pupil? What preparation is there of physostigma? What does physostigma come from? Why is it called the ordeal bean? To what drugs is physostigma most closely allied? What is pilocarpine? What salt of it is most commonly used? What would be the dose for hypodermic use? What is picrotoxine? What other remedies are used for checking sweating? What are the common uses of cocculus indicus?

In addition the candidate would probably have to name some twenty or thirty specimens, and might be called on to recognize some of the commoner fresh medicinal plants, such as aconite, belladonna, hyoscyamus, stramonium, or digitalis.

The *viva voce* examination lasts usually from a quarter of an hour to half an hour for each candidate, and is conducted by both examiners, one of them putting the questions and the other recording the results.

THE BRITISH MEDICAL ASSOCIATION AND ITS GUESTS.

THE United States and the American Medical Association seem to hold a good share of the attention of our brothers of the British Medical Association, if we are to judge from some of the speeches delivered by the members. At their late banquet Dr. Redfern spoke as follows in proposing the toast of "Our Guests":—

"This is a proud day for Belfast, for Ireland, and for you, Mr. President, very specially. We have been honored with the presence of many of the most distinguished members of our profession who have come from great distances to take part in this meeting of the British Medical Association. I have always thought there is no profession or calling in life which combines so many sources of pleasure and enjoyment as the medical profession. I know of no satisfaction comparable to that which results from the relief of human suffering and the prevention of disease; but when yesterday morning I witnessed, what many of you also witnessed, a little child, the victim of spinal curvature, in the hands of one of our guests, Professor Sayre, and saw its

anxious suffering expression changed to one of ease, comfort, and enjoyment, I had no longer a mere intellectual conviction of the value of medical aid, but a real conviction of the heart.

"We all know that however careful and skilful a nurse may be, there is a wide difference between her handling of an injured part, and that of the surgeon whose firm and steady grasp gives confidence, checks vibration, and affords instant relief. And such was the effect of the steady and gentle hand of our guest who sits near me, when the countenance of the little sufferer proclaimed its relief without the utterance of a word, and testified that the master's hand was upon the rope.

"I propose to you the toast of Our Guests, and ask you to couple with it the names of Professor Sayre, of New York, and Dr. Pozzi, of Paris."

Dr. Sayre, rising to reply to the toast proposed by Dr. Redfern, said:—

"Mr. President and gentlemen, I feel greatly honored at being called on to respond to this toast, but after the remarks of Dr. Redfern I scarce know what to say, for when the heart is full the tongue finds it difficult to express the thoughts which throng the brain. I, myself, feel personally grateful to the members of the British Medical Association for the many kindnesses they have shown me both now and on the former occasions when it has been my good fortune to be with you, and when told this afternoon that I was expected to respond to the toast of 'Our Foreign Guests,' I felt that if any one had cause to be grateful for a kind reception it was myself. I object, however, to the term 'foreign.' We are all proud and happy to be your guests, but we Americans are not 'foreigners,' we have simply come back as chickens to the shelter of the old hen's wings. But if we do seem to you as strangers, the fault is not on our side, but lies with you yourselves. We send you our best men year after year, but I am sorry to say we look in vain for a corresponding representation of your body at our yearly national gathering. You remind me very much of what I heard a man say in your streets the other day: speaking of reciprocity, he said, 'Reciprocity, phat is that? Ah? don't yer know, Pat, why it's wan of the grandest vartues on airth, it's wan of the noblest sintiments can govern a man, why it's gittin' all you can, and giving nothin' back in return.'

"We have our own Medical Association, and when I was here in 1879 I was so struck with the mode of formation of your body, and the influence exercised by your Journal, that I studied the matter very carefully, and made the establishment of a similar journal the subject of my address as president in the following year, and I am happy to say that my suggestions have resulted in the formation of the 'Journal of the American Medical Association' which is now in successful operation.

"We have, I must remind you, a way in our country of dividing the labor to be performed among different men, giving to each the part he is most fitted to perform. I represent the wheelhorse for hard work, but I see just a short distance from me Dr. Shoemaker, of Philadelphia, who is far the leader of the team, all dash and fire, and I would recommend you all to his mercies."

Dr. John V. Shoemaker replied as follows:—

"Mr. President and gentlemen of the British Medical Association, I deeply regret I cannot respond according to the prediction of our distinguished friend Professor Sayre. The American delegation has been represented by the Ex-President of the American Medical Association Dr. Sayre, and no better and more eloquent member of our profession from America could have spoken to you upon this occasion. I see on all sides other representative men from our country, here on my right is the venerable Dr. Moore, President of the American Surgical Society, and Dr. Didama, President of the New York State Medical Association, and on my left Dr. Daly of the Medical Society of the State of Pennsylvania, gentlemen who could have addressed you much better than the youngest member of our delegation.

"During the festivities this evening I have experienced co-mingled feelings of sadness and joy. Sadness to think that our great medical teacher and surgeon, the late Professor Gross, who took so much pleasure in being present at your meetings, and who always returned to us invigorated by his contact with you, who enthused the American physicians with the greatness of your organization, had but recently passed away while looking forward to meeting you all upon this occasion.

"The feelings of joy have likewise been deeply experienced, that I should have the pleasure of being present at this meeting and of seeing and hearing so many of the eminent English physicians whom we have heard so much about in America. The American physicians, and especially the delegates among you, are all most happy to see the great perfection that your association has reached. It is to-day the most powerful organization of medical men in the world, and your journal has well shown the large amount of scientific work you are doing every year. I might also add, we are most happy to commend your journal which is superior to any publication of the kind that comes to us from the four quarters of the globe. I speak not only as a physician, but as a journalist, having opportunities of examining hundreds of medical periodicals, and say to you, that among

them all the British Medical Journal has no equal; your contributions, your editorials, and, in fact, the general make up of your journal has no rival. As Dr. Sayre stated, it was mainly through his suggestion the American Medical Association have tried to follow your good example by also publishing our own journal. We are yet young in the work, the task is difficult, and we hope our efforts will be eventually successful, but we need an Ernest Hart, a leader, who will organize and do for us what Mr. Hart has done for the British Medical Journal. We invite you all to come to America, and I assure you of a hearty welcome there on behalf of our delegates and the profession of our country. Let your numbers among our annual gatherings be larger; you will fill our older as well as our younger physicians with enthusiasm, and you may thus enable us in time to approach the great perfection of your journal and the British Medical Association."

MEDICAL NEWS AND MISCELLANY.

Complimentary Dinner to Dr. John V. Shoemaker.

On Saturday evening, September 20th, a complimentary dinner and reception were given by the numerous friends of Dr. Shoemaker to him on his return from Europe, where he has been attending the meetings of the British Medical Association at Belfast, and those of the International Medical Congress at Copenhagen, as the representative of the National Medical Association of our land. The banquet was held at the Saint George Hotel, Walnut and Broad Streets, and promptly at nine o'clock the company sat down to the festive board, which fairly groaned with an elaborate array of flowers and appropriate decoration. From first to last the occasion moved like clockwork under the happy arrangements made by the committee in charge, and through the efforts of the well-drilled staff attached to the cuisine of the house, a hotel known at home and abroad as unsurpassed in its appointments in every department. The table was a huge letter "U" extending across the room in either direction, and the sight, when the company in full evening dress took their seats under the flood of electric light which heightened the effect of the elaborate setting and enriched the glowing mass of flowers with which the room was filled, was one long to be remembered—a picture almost of fairyland. At the head of the "U," in the centre, the guest of the evening was seated supported on the right by Dr. Wm. B. Atkinson of this city, and on the left by Dr. Garnett, of Washington, D. C. Dr. W. B. Atkinson presided and made the opening address, introducing Dr. Shoemaker.

MENU.

HUITRES.

Blue Points. *Haut Sauterne.*

POTAGES.

Bisque de Crabs Neptune. Consomme Royale.
Amontillado Sherry.

HORS D'ŒUVRES.

Rissoles a la Parisienne. Varies.

POISSON.

Kennebec Saumon, a la Hollandaise.
Pomme de Terre Duchesse—Salade de Coucombres.
Haut Sauterne.

RELEVES.

Beef a la Mode. Poulet de Grain.
Champagne.

ENTREES.

Cotelette de Pigeon a la Marechal.
Ris de Veau a la Grammont.
Boudin a la Richelieu.
Aspic de Homords a la Trianon.
Champagne.

LEGUMES.

Petits Pois Francais. Haricots Verts.
Tomato Farcies. Sorbet a l'Anisette.

ROTIS.

Woodcock. Plover on Toast.
Salade de Laitue. Salade de Cresson.
Bordeau.

DESSERT.

Pudding aux Fruits. Tutti-Frutti.
Gelee au Madere. Petits Fours.
Gateaux Assortis. Fruits. Fromage.
Cafe Noir. *Liqueurs.*

At intervals the regular toasts were given, and to the first—

Our Guest—Dr. Shoemaker responded:—

Mr. Chairman and Friends: My feelings of joy and pleasure to-night are unbounded, that I have been enabled to return to my home invigorated in mind and body, and be so handsomely received. I see around me many of my friends, not only from Philadelphia, but from distant parts of the country. It shows that the busy professional and active business men step aside from the pressing duties of life to enjoy a social evening with each other. It shows a deeper and stronger feeling, one of sympathy, one of brotherhood, such as you have poured out and expressed so substantially for an humble citizen, who is even happy to have the opportunity of returning and of grasping each of you by the hand, and calling you his friend. I might add in passing, that this same social feeling that exists to such a great extent in Philadelphia has been extended to many of our citizens during the past summer months in the various European cities. It was my happy lot on leaving our shore to be presented with a document signed by our Mayor and having upon it the official seal of this great city. This passport was received in the most cordial manner everywhere,

so much so, that I rejoiced that I was from the City of Brotherly Love. In fact, Philadelphia and Philadelphians were well and widely known at every place that I visited. During my visit to the great cities of London, Paris, Edinburg, Berlin, Vienna, and Copenhagen, I heard of you literary gentlemen who have so ably conducted our periodicals; our lawyers, manufacturers and business men were also spoken of with the highest commendation. Do you wonder, after hearing my fellow-citizens referred to in this manner, that I was proud to claim Philadelphia as my home.

Last, but by no means least, you, my colleagues, my brothers in life's work, the physicians of Philadelphia, were frequently inquired of, especially at the meetings of the British Medical Association and International Medical Congress. At the meeting of the British Medical Association, held at Belfast, we were received in the most hearty manner, and your friend had the honor of addressing that distinguished body—the best organized in the world—at their annual gathering. Let me assure you, from a personal experience, the English physicians will always be glad to extend to you the right hand of fellowship, to welcome you to their homes, to conduct you through their well-equipped hospitals, and make you feel at home at their annual meetings. They are the stock from whence we sprung; go back to the parent, imbibe some of its practical thoughts, and you will be amply repaid for your visit.

Of all the meetings of many years not any have compared with the one recently held at Copenhagen as one of international importance; almost every nation on the face of the earth had such representative men present as Pasteur, Virchow, Gull, Paget, Verneuil, Tommasi-Crudeli, Cornil, Flint, Sayre, and Billings, and the results of this convention which you have seen in the recent medical journals, will be of inestimable value to mankind both for the present and the future. No country, no government, no people, and no profession, were ever so united in showing the medical profession as good and generous a time as the Danes at this meeting. Their King and Queen, their royal family, their professional and business circles, and, in fact, the very bone and sinew of their nation, were all united in giving the doctors all the good things their country possessed. They are the most polite, the most generous, and the best educated people on the face of the earth, and the Good Being has done well to bless them so bountifully in all things of this life.

And now in closing, my friends, my brothers, as I glance around this festive board and read in your genial faces your hearty welcome on my return among you, let me assure you that this offering of good faith and fellowship will be to me in future years one of the brightest, one of the greenest, and one of the happiest recollections in my life.

Home, Sweet Home, the next sentiment, was allotted to the Rev. Dr. Wiswell, who paid a glowing tribute to the guest and to his home associations.

The Medical Profession was replied to by Dr. W. H. Pancoast in his usual graceful style, which was appreciated by all.

Our Country was the next, and the Hon. B. T. Biggs, of Delaware, did full justice to the subject in a forcible eulogy.

Our Friends Across the Water fell to the lot of Dr. John Snowden, and his remarks were well timed and appropriate.

Medicine versus Law was considered in a most happy and pleasing manner, by C. W. McKeehan, Esq., of Philadelphia.

The City of Philadelphia, called forth a very eloquent speech from the Hon. W. B. Smith.

The Absent Ladies came next, and those who know Dr. Minnich can alone appreciate the spontaneous humor which he threw into his remarks. No better advocate of the fair sex could have been selected to champion them *in absentia*.

Drs. Garnett and Lincoln, of Washington, D. C., were called on, and their speeches were hearty, terse, and pointed, as was also that of Dr. Taylor, of New York, who succeeded them.

Drs. Samuel R. Knight, Wm. S. Janney, and several other gentlemen enriched the evening's pleasures by their wit and humor. In all respects the dinner was a pronounced success, the enjoyment of which will not soon be forgotten by its participants, and in doing honor to the guest of the company no more hearty reception could well be conceived, and no more good nature or good wishes all around be evidenced than was universally shown to the gentleman who has so often exhibited his hospitality to his *confrérie* in the profession which he adorns.

The following gentlemen comprised the assembly:—

Dr. A. Y. P. Garnett and Dr. N. S. Lincoln, of Washington, D. C., Dr. James R. Taylor and W. W. VanValzah, of New York, Dr. John W. Snowden, of Ancora, N. J., Dr. E. S. Sharp, of Salem, N. J., Drs. E. L. B. Godfrey and H. Genet Taylor, of Camden, N. J., Dr. M. S. Herr, of Lancaster, Pa., Surgeon General L. W. Read, of Norristown, Pa., Dr. J. P. Ziegler, of Mt. Joy, Pa., Hon. B. T. Biggs, of Middletown, Del., Col. T. J. Grimmison, U. S. Revenue Department, Hon. W. B. Smith, Mayor of Philadelphia, Professor W. H. Pancoast, Professor James Garretson, Dr. Addinell Hewson, Dr. W. B. Atkinson, Rev. Dr. George Wiswell, Isaac Nathans, Esq., Dr. F. H. Getchell, Dr. W. Welch, Dr. Benjamin Lee, Dr.

St. Clair Ash, Dr. Carl Seiler, Dr. E. B. Shapleigh, Dr. J. F. Bird, Dr. N. Hickman, Dr. J. Collins, Dr. Samuel R. Knight, Dr. Albert Fricke, Dr. W. J. Hearn, Dr. John T. Hampton, Dr. John G. Lee, Dr. O. P. Rex, C. W. McKeehan, Esq., Dr. A. Douglas Hall, Dr. A. K. Minich, Dr. R. B. Cruice, Dr. J. D. Schoales, Dr. L. Wolff, Dr. W. R. D. Blackwood, Dr. D. E. Hughes, Dr. J. M. Anders, Dr. James Graham, Dr. J. G. Allen, Dr. C. R. Prall, Dr. W. R. Cruice, W. H. Smith, Esq., Dr. W. M. L. Ziegler, Dr. Louis Jurist, Dr. W. S. Janney, Dr. I. R. F. Bell, Dr. Alfred Jones, Dr. F. E. Stewart, William Snowden, Esq., Dr. S. Mason McCollin, Dr. W. A. Davis, J. F. Hayes, Esq., William R. Warner, Esq., Dr. George Friebis, Dr. M. Landesberg, Carl Edelheim, Esq., Dr. T. H. Fenton, Dr. J. B. Bidlack, Harry L. Taggart, Esq., Dr. A. L. Hummel, A. S. Chambers, Esq., Dr. J. G. Whiteman, F. A. Davis, Esq., M. B. Faulkner, Esq., Dr. M. L. Nardyz, Dr. J. W. Noble, W. H. Reynolds, Esq., Dr. Clifford Dock, Dr. Robert Kevin, Dr. E. Rosenthal, Dr. Frank Keys, M. Rively, Esq., E. Gans, Esq., Dr. Charles S. Means, J. Lesley Anderson, Esq., L. A. Shoemaker, Esq., Dr. J. V. Shoemaker.

Hair Growing on a Bullet.—Henry Matthews, of Pottsville, who was a member of Company H, 48th Pennsylvania Volunteers, was wounded in the head at Cold Harbor on May 26, 1864. The ball entered the back part of the head and was taken out a little above the forehead on top of the head, together with some brain matter, by Colonel W. R. D. Blackwood, the surgeon in chief of his division. His skull was pretty badly fractured, but the man recovered. The bullet was retained by Mr. Matthews and is perhaps one of the most wonderful curiosities in existence. It has the appearance of age, and somewhat resembles a clam shell. At the back end of the ball a bunch of black hair has been growing for years. At one time the hair had attained a growth of fully one inch. The relic was exhibited at the Philadelphia and Reading Depot by George Rahn, a clerk in Mr. Smith's office. Mr. Matthews, who is employed by the Reading Company at Pottsville, was offered $100 for the ball but refused to accept it.—*Miners' Journal.*

The fire of London exterminated the plague of London. Paris, in June, 1849, was killing 800 people a day with cholera; a great storm washed all the filth out of the city and the cholera subsided.

There are seventeen quinine factories in the world—six in Germany, four in the United States, three in France, two in Italy, and two in England.

A fat tarantula's bite not having killed Hon. Mr. Walton, candidate for attorney-general in Texas, his physicians declare that there is no authentic case on record of death from the bite of either a tarantula or centipede.

In regard to the contagiousness of leprosy one of the highest authorities, Erasmus Wilson, in his "Diseases of the Skin," says: "The doctrine of infection and contagion, as applied to elephantiasis (leprosy), has long been abandoned. Several of the older medical authorities expressed their doubts, and modern authors are all agreed in denying it. Not only is this the prevailing opinion, in respect to the danger of it, so far as ordinary social intercourse is concerned, but it is also denied that a husband can communicate the disease to his wife, or a wife to her husband, or that a nurse can convey the disease to an infant by suckling."

Obituary.—Colonel Joseph Janvier Woodward, Surgeon, U. S. A., died near Philadelphia, on the 26th of August. Dr. Woodward was a most distinguished gentleman, and is known for his original work in photo-microscopy, and for many valuable contributions to medical literature. He was the editor of the Medical and Surgical History of the Rebellion, an enormous task, but one faithfully and excellently carried out. He was one of President Garfield's physicians. The doctor was a member of the American Medical Association and of the Philadelphia County Medical Society. Few men, if any, were more distinguished in the army than he, and his loss is a loss to the profession throughout the world.

The Presence of Fibrin in the Urine.—The presence of fibrin in the urine, says Mehu, is not rare. It would seem that whenever one finds blood in the urine, fibrine should also be found; but such is not the case; for generally the examiner finds more dissolved albuminous material, and blood-serum consequently, than would be expected from the number of red corpuscles. Apart from cases of copious hemorrhage into the bladder, fibrin is not unfrequently found in the urine. It easily remains dissolved if the urine is ammoniacal, and cannot be easily separated after slight acidulation with acetic acid, since it has remained for a certain length of time in ammoniacal urine containing bacilli.

On the other hand, in certain cases, fibrine is found when there is no trace of a blood globule, when the amount of blood is infinitesimally small as compared with the amount of fibrin. Mehu reports two cases in which the proportion of fibrin was increased: in one the urine contained no blood, in the other there was a very small amount of blood.—*Ann. d. Mal. Gen.-Urin.*

The Glasgow Medical Journal, for August, 1884, contains an excellent article by Dr. George S. Middleton, on the pathology of pseudo-hypertrophic muscular paralysis, with remarks on a so-called degeneration of the nervous system.

Before the Philadelphia Neurological Society were exhibited the lesions of snake venom. The specimens were obtained in the experimental laboratory of Drs. Mitchell and Reichert, in the University of Pennsylvania, and illustrated the ecchymoses seen in the lungs of rabbits into whose jugular veins venom had been injected. The appearances are striking, the blotches of extravasation being in marked contrast with the surrounding lung tissue. The colors have been preserved by filling the large cells with a fluid composed as follows: Glycerine, Oss; Dense solution of gum Arabic, Oj; Saturated solution of acetate of potash, Oiss.

The cells are made by cementing to a square piece of plate-glass a rubber ring, five inches high and five broad, covering the cell, when filled with the fluid, with a round cover-glass. These cells are four inches in diameter. The cement used is known as "Van Stan's Stratena," and being made with acetic acid, is not affected by the fluid of the cell. Before the rubber ring is fastened to the glass a triangular cork is cut in it, at two places, so that if the fluid becomes discolored, as in mounting specimens too quickly, the original fluid may be drained away and fresh fluid supplied. Large hypodermic needles and a syringe are of use in this operation. Air bubbles may also be removed in this way. The specimens exhibited had been mounted for one month, and they are apparently as fresh as ever.

The eight specimens exhibited the lesions of pure venom of the rattlesnake, the lesions of the three globulins, and the peptone which composes the poison.

There is something particularly piquant in the small talk of gentlemen of the medical profession. Two young surgeons were sitting in a restaurant. "Oh, by the by, Jenkins, I got the finest subject yesterday you ever saw." "Ah! where did you get it?" "From Rochester, to be sure, and never saw a fellow so neatly packed; by Jove, he was as round as a ball." "What was the damage?" "Oh, the fellow who sent him to me said if I could send him back the hamper full of beef he should be satisfied; so I sent him a trifle." "Have you any part to spare (waiter, another chop)?" "Why, you may have a limb reasonable." "Well, then, next week, but just at present I have got a very pretty small subject." "What did you give?" "Fifty cents an inch, but the cursed fellow has pulled the child's neck almost out of joint to make it an inch longer."

It is related of Sylvius that he compelled his patients to drink from one hundred and fifty to two hundred cups of tea every day.

A young medical student has offered himself to M. Pasteur as a subject for experiments with rabies which are to be made before a government commission. The student desires to be inoculated with the virus, and insists upon being given the preference in this distinction, expressing a heroic willingness to die, if need be, in the interests of science. Such a sacrifice is, however, obviously foolish and uncalled for, in France at least, where frogs and rabbits are not protected by law.

WATER IN CONSTIPATION.—Dr. Squibb, in his last Ephemeris, has a suggestive article upon constipation. He thinks that most constipations are due to insufficient water in the fecal mass. The individual does not ingest enough water to supply the blood with its 79 per cent., therefore the blood absorbs it from the intestinal contents. "Drink water," is Dr. Squibb's motto. It is a good one; but water, as every one knows, will not cure habitual constipation in a very large percentage of cases.

"In those forms of neuralgia and rheumatism of a malarial origin, and most seem to be such, we have been gratified by the action of Tongaline in conjunction with quinine, the therapeutic properties of both seeming to be accentuated under these circumstances.

"With each dose of Tongaline we prescribe two to five grains of quinine according to the severity of the case, and the susceptibility of the patient to the effect of the latter. Thus far we have not experienced a single failure."—*Medical Brief.*

SPHACELUS OF THE BLADDER IN DIABETES.—M. Tronchet, of Borneau, reports (*Journ de Méd. de Bordeau*, No. 23, 1883) the case of a man æt. 75 years, who, for some time, had had attacks of painful urination and intermittent nocturnal incontinence; the urine was abundant, clear, and without albumen, but contained sugar in large quantity. Being taken with an attack of complete retention, he was catheterized several times with difficulty, on account of stricture; a catheter was then left in place. The patient died in six days, after a progressive diminution of urine, which had become muco-purulent.

At the autopsy it was found that, beside the stricture and hypertrophy of the prostate, the bladder was in a gangrenous condition. It was very prominent above the pubis, presenting, exteriorly, a deep-violet color. Its tissue was extremely friable, and its internal surface covered with a pultaceous mass, the whole somewhat resembling pulmonary gangrene.—*Ann. des Mal. Génito-Urin.*

MEDICAL PROGRESS.

A NEW INJECTION FOR GONORRHŒA.—This sedative and antiseptic injection may be used even in the acute stage with good results. It is claimed to be superior to any other single injection: ℞. Pulv. iodoform, 20; acidi carbolici, 10; glycerini, 80; aquæ destillatæ, 200. —*South. Med. Record.*.

A prominent druggist of this city recently missed from his store about thirty dollars worth of homœopathic pills of all sorts, including nearly the whole list of remedies. It was ascertained that a small boy of the neighborhood had stolen them and distributed them among his playmates as candy. The boys had consumed all but two or three dollars' worth, but there had been no calls for stomach pumps or antidotes.—*Indiana Med. Journal.*

ORIGIN OF THE WORD "CHARLATAN."—The Æsculapian says: "It is generally admitted that the word 'charlatan' is derived from the Italian word Ciarlare, to chatter, to prate. It appears that up to the sixteenth and seventeenth centuries the word was pronounced 'chiarlatan.' A German journal gives its etymology differently: A Paris physician, Latan, went through the town in a chariot containing his drugs, and in which he examined his patients. This caused the expression 'Voila le Char Latan,' which was subsequently corrupted into 'charlatan.'"

The micrococcus of yellow fever has been discovered by Sir Domingos Freire, of Rio de Janeiro. He claims to have discovered it in the vomit, the blood, and different secretions of yellow fever patients, and calls it micrococcus xanthogenius. This organism can be found in abundance in the earth of a cemetery at Rio Janeiro, and even in the soil of the whole city. The doctor has succeeded in inoculating several animals with yellow fever, and by cultivating the virus to the fifth or sixth generation has attenuated it so that it becomes a vaccine. He has inspired enough confidence to vaccinate 400 persons with this product of successive cultures. This course has been severely criticized by the local physicians who do not believe in the inocuousness of these measures. It seems that this incident is causing quite a flutter, and that this bold experimenter is meeting with a number of partisans who uphold his views.—*Med. Review.*

DEODORIZED IODOFORM.—℞. Iodoform in fine powder, ℥ij; tannic acid, ℥j; balsam Peru, oil sassafras, oil roses, oil camphor, oil eucalyptus ää drop, iv. M. Ft. Powder. S. Put in vial.

NERVOUS PROSTRATION.—Phosphoric acid, dil. ℥j; elix. calisaya, ℥iv; elix. val. ammon, ℥ij; glycerine, ℥iij; sherry wine, ad. Oj. M. S. One to two tablespoonfuls three times a day.

Lloyd's choice of chloride of zinc in gonorhœa was based on his conception of the affinity it has for albumen. His formula: ℞. Zinci chloridi, gr. j; aquæ puræ, ℥j. M. Sig. To be used as an injection every eight hours. In addition the perineum and penis are to be bathed frequently with tepid water. We use the injection as often as six times a day, directing the patient to micturate before each injection.—*South. Med. Record.*

A WINK AS GOOD AS A NOD.—Dr. de la Pommerais was executed in June, 1864, for a murder of the Palmer type. On the night before his execution he was visited by Surgeon Velpeau, who, after a few preliminary remarks, informed him that he came in the interest of science, and he hoped for Dr. de la Pommerais's coöperation. "You know," he said, "that one of the most interesting questions of physiology is as to whether any ray of memory, reflection, or real sensibility survives in the brain of a man after the fall of the head." At this point the condemned man looked somewhat startled; but professional instincts at once resumed their sway, and the two physicians calmly discussed and arranged the details of an experiment for the next morning. "When the knife falls," said Velpeau, "I shall be standing at your side, and your head will at once pass from the executioner's hands into mine. I will then cry distinctly into your ear, 'Count de la Pommerais, can you at this moment thrice lower the lid of your right eye, while the left remains open?'" The next day, when the great surgeon reached the condemned cell, he found the condemned man practising the sign agreed upon. A few minutes later the guillotine had done its work, the head was in Velpeau's hands and the question put. Familiar as he was with the most shocking and ghastly scenes, he was almost frozen with terror as he saw the right lid fall, while the other eye looked fixedly at him. "Again!" he cried frantically. The lids moved but they did not part. It was all over.—*Med. Review.*

Osmic Acid Treatment of Peripheral Neuralgia.—Dr. Eulenberg, of Berlin, has employed subcutaneous injections of osmic acid in 29 cases of peripheral neuralgia. The dose employed was 7 minims of a 1 per cent. aqueous solution. The treatment was persisted in for periods of from one to six weeks, and the number of injections made varied from three to fourteen. Of the 29 cases only 7 are reported as cured, viz., 4 of sciatic, 1 of lumbar, 1 of brachial, and 1 of intercostal neuralgia. The success has not been as great as previous trials would lead us to hope for; but supposing that the whole 29 cases had resisted all other methods of treatment, success in 25 per cent. of the cases must have been gratifying, at least to those who were benefited.—*Medical Press.*

The Benzoate of Sodium in the Summer Diarrhœa of Children.—Dr. R. Guaita (Gaz. degli Ospitali Bull. Gén. de Thérap.) considers the summer diarrhœa of children as a zymotic disease, caused by the presence of a special microbe introduced from without, or developed in the alimentary canal during digestion. A deficient diet, bad hygiene, excessive heat, being the predisposing causes. With this idea he employs the benzoate of sodium, which has already been used to advantage by Kapuscinsky and Zilewiez in the vomiting and diarrhœa of children, as being anti-fermentative and modifying the intestinal mucous membrane.

Dr. Guaita used the benzoate of sodium alone and without any other treatment in 53 cases of children, varying in age from six months to two years. In 35 of these cases the affection was 24 to 30 hours old; in the other 18 it dated from 6 to 14 days. With the first he produced perfect relief always in from 4 to 8 days; with the second, after about 21 days, without a single death in either.

After the use of a purgative (calomel, jalap), he gave from 4 to 6 grammes of the benzoate of sodium in 100 grammes of water during the 24 hours, and continued its use for two days. The third day he gave a slight purgative (magnesia, manna), followed by a repeated use of the benzoate. At the end of two days an improvement in the character of the stools was very noticeable, with but little fetid character, and a checking of the vomiting. During treatment the child is strictly dieted, only taking a little lemonade and a few spoonfuls of good wine. Milk and soup are absolutely interdicted, as Dr. Guaita finds that milk, particularly that of the cow, ferments readily in the stomach, and increases the trouble. Children at the breast are allowed to nurse four times in twenty-four hours.

Action of Quinine on the Cerebral Circulation.—Curci (Sperimentale; Bull. Gén. de Thérap.) maintains that quinine has rather a tendency to produce anæmia than hyperæmia. Therefore, he thinks, it is not contraindicated in the subjects of cerebral hyperæmia, but, on the contrary, its beneficial action in sunstroke is probably due to its tendency to reduce the hyperæmia.

The Kola Nut as an Astringent and Tonic.—M. Dujardin-Beaumetz showed a specimen of the fruit of the Stercula kola, a tree indigenous to Central Africa, at a recent meeting of the Paris Société de Thérapeutique (Progr. Méd.), and remarked that analysis showed that it contained a large amount of caffeine, tannic acid, and a little theobromine. Naval surgeons had employed it with success in the chronic diarrhœas of hot climates, and its use was likewise indicated in cardiac affections and in the cachexiæ. He himself had seen good effects from it in these cases, given either in the form of an infusion of the roasted nut, as an elixir, or in the shape of chocolate. In all these cases it acted as a tonic and astringent.

Antipyrine, a New Antipyretic Alkaloid.—In the Zeitschrift für Klinische Medicin (quoted in the Centralbl. f. d. ges. Ther.), Filehne sets forth the medicinal properties of a new artificial alkaloid termed antipyrine, but does not give the method of its preparation or its chemical constitution. It seems to act very much like kairine, but to be free from some of the objectionable properties of the latter drug. The dose for an adult is thirty grains, to be repeated in an hour, and, at the end of another hour, the same amount or one-half the quantity may be given again. For children the dose is from half to two-thirds the dose for adults, and some reduction is advisable in the case of adults who are debilitated by chronic disease. At the time the article was written the preparation was not in the market.

PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, such as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. THE BULLETIN goes to press on the 20th of each month, and to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits will be impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, professional and business changes of physicians and pharmaceutists, will be published gratuitously, provided the announcement does not exceed five lines in type.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements are inserted at very reasonable rates.

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Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

F. A. DAVIS, Att'y., Publisher.
1217 Filbert Street, Philadelphia.

BOOK REVIEWS.

The National Dispensatory. By ALFRED STILLE, M.D., L.L.D., and John M. MAISCH, Ph.D. Third revised and enlarged edition. Philadelphia: Henry C. Lea's Son & Co. 1884.

This is too valuable a work to receive a mere passing notice. With its first appearance already it has created for itself a place in medical and pharmaceutical literature, the void of which would have been sorely manifest, only for a new edition. This reaches us now in a most complete form, adapted to the changes which have occurred since the appearance of the second edition, containing 127 pages of text and 110 illustrations in addition to those in the former. It represents not alone a compendium of pharmacological science, but is also a commentary for the principal Pharmacopœias of the world. Thus we have the latest edition of the United States, and also that of the German Pharmacopœias represented therein, with comments on their requirements and processes. While the French Codex and the British Pharmacopœias are extensively quoted, the references thereto are not altered owing to the non-appearance of revisions of these works at the time of reissue of the Dispensatory The new addition of extra pharmacopœial substances is of particular importance in view that many of the articles so treated require vast research in medical and pharmaceutical literature not readily accessible to the average physician and pharmacist, and to be culled only from the rubbish of superstition and incorrect reports connected therewith by such a master mind as that of the pharmaceutical editor of this work. For once in the history of alphabetically arranged works on Materia Medica and Therapeutics do we find the leading place of "absinthium" superseded by "abrus" a remedial substance, the importance of which is no less at present than the interesting features connected with its *modus operandi.* The description of "allied drugs" under the different headings has been much increased, historical notes added, and microscopical descriptions have been more dwelt on than before, while the references have been greatly increased in numbers.

The therapeutic part of the work has, like the rest, undergone a most thorough and ample revision, making it worthy of the celebrated teacher whose name is connected with it. The introduction of the physiological action of drugs has been still further carried out to admit the study of their character both toxologically as well as a means of judging of their curative action. That clinical results, however, have not been neglected on that account, would arise from the fact that eighty additional pages have been devoted to their consideration, and a very large number of new references have been introduced besides. Many oversights in the previous editions have been corrected, amongst which we gladly note that a proper dose for potassium cyanide has been set down, rather than the citation of extraordinary large doses, which might mislead the student and practitioner. As pointed out by the phrmaceutical author under the head of "Ferri phosphas," that the name as applied to the Pharmacopœial preparation is incorrect, we see realized by misleading even the medical editor, who speaks of its insolubility, when it is in reality a very soluble sodio-ferric citro phosphate. The consideration of the physiological action and medical use of salicylic acid, which in previous editions had given rise to much controversy, has been elaborated with especial care, and largely augmented references to meet the points at issue. The authors are, indeed, to be congratulated upon the success of their arduous labors. Their work not alone represents a pharmacological compendium, but also one of the best, if not the best work of reference on the subject of pharmocognosy and pharmacodynamics ever published in any language, and will ever be recognized as the standard representative of the science of materia medica and therapeutics of the era in which it appeared.

We trust that the eminent authors of this great and important work may see and direct many further editions of it, and we most earnestly commend it to the consideration of our colleagues, students, and pharmacists, as a work of

reference, without which they cannot well and to advantage apply themselves to the practice of their profession. The appearance and make up of the Dispensatory are all that can be desired, and in this respect it is a credit to its well-known publishing firm.

Diphtheria, Croup, etc.; or the Membranous Diseases. Their Nature, History, Causes, and Treatment. With a Review of the Prevailing Theories and Practice of the Medical Profession. Also, a Delineation of the new Chloral-Hydrate Method of Treating the Same; its Superior Success, and its Title to be Considered a Specific. By C. B. GALENTIN, M.D. 12 mo. Pp. viii., 166, and index 8. Cloth, $1.50. New York: J. H. Vail & Co., 1844.

The author gives a fair historical account of the subjects treated in his first chapter, and devotes a second long one in the cause of diphtheritic disorders, denying the germ theory *in toto*, but admitting his ignorance of the *real* cause. In the treatment he gives a full *résumé* of the various favorite and fashionable remedies, many of which must, we think, aggravate digestive troubles and impair nutrition. His main reliance is in *chloral*, which is believed to be the best local remedy, and which he states—contrary to other opinions- enters the blood and circulates *as* chloral and not as chloroform, and which, therefore, as it were, sandwiches the diseases between chloral outside and inside, and thus tends to annihilate the fell disorder. An appendix of formulæ is given, and the book is readable and will be, no doubt, a contribution of merit toward working out the proper management of a terrible scourge.

Ziemssen's Motor Points of the Human Body. A Guide to Localized Electrization. By HERBERT TIBBITTS, M.D.. Illustrated. 4to. Pp. 7. $1.25. New York: J. H. Vail & Co., 1884.

The plates in the work are well printed, the references are undoubtedly correct so far as the "points" are concerned in most persons, and are valuable to the electro-therapeutist. Why nothing is said about the posterior surface of the trunk we do not know; but we do know that not only can all the viscera of the thorax and abdomen be influenced from spinal centres, but that a greater number of neuralgic and other painful affections of the back are amenable to *proper* treatment, and that indiscriminate electrization of the surface will not avail, hence the absolute necessity of a correct knowledge of the "motor points" of this region. The price of the work is rather steep for so few pages, yet to the general practitioner who cannot otherwise learn this part of electro-therapeutics the plates are invaluable.

Several reviews of books have been crowded out of this number, but will appear next month.

NEW PUBLICATIONS RECEIVED.

Drugs and Medicines of North America, by J. W. and C. G. Lloyd, Cincinnati, Ohio. A quarterly publication devoted to the description and history principally of American drugs and the plants yielding them.

It is one of the most valuable additions to our pharmacological literature that has appeared for some time, and appears to grow more interesting with each new number. The plates and illustrations and general make up deserve a compliment to the publishers and editors.

The Revelations of Fibrin, by Rollin R. Gregg, M.D., Buffalo. N. Y. Reprinted from the Buffalo Courier.

Warning to Medical Practitioners in regard to the use of Jequirity, by M. Landesberg, M.D. A paper read before the Philadelphia County Medical Society.

Weekly Health Bulletin, with Weather Report Supplied from Meteorological Department. Issued by the Provincial Board of Health, of Ontario, for weeks ending Saturday, February 23d; March 1st, 8th, 15th, 22d, 29th; April 5th, 12th, 19th, 26th; May 3d, 10th, 17th.

Ueber das auftreken von Myopie Während der Senilen Staarbildung. Also, Bewirkt die Mechanische Reizung des Sehnerven-stammes die Aufloesung einer Lichtempfiudung, both by Dr. M. Landesberg, Philadelphia. Reprint from Centralblatt für Praktische Augenheilkunde.

On Railroad Injuries of the Extremities of the Human Body, with Observations on the Site of Amputation and Subsequent Treatment of the Stump. By Theodore R. Varick, M.D., Medical Director of and Surgeon to St. Francis's Hospital, and Surgeon to Jersey City Charity Hospital, Jersey City, N. J. Read before the American Medical Association, at its meeting in Washington, D. C., May 7, 1884.

Bromide of Ethyl, the Most Perfect Anæsthetic for Slow, Painful Medical Operations. By Julian J. Chisholm, M.D., Professor of Eye and Ear Diseases in the University of Maryland; Surgeon in Charge of the Presbyterian Eye and Ear Charity Hospital; Ophthalmic Surgeon to the University Hospital, etc. Read before the Baltimore Academy of Medicine, Dec. 5, 1882. Reprint from the Maryland Medical Journal of January 1, 1883.

The Ophthalmia of Smallpox. By Herbert Harlan, M.D., Baltimore, Md., Surgeon and Lecturer on Ophthalmic Surgery at the Presbyterian Eye and Ear Charity Hospital; Assistant Demonstrator, University Maryland. Read as an admission thesis to the Baltimore Academy of Medicine, May 10, 1883. Reprint from Maryland Medical Journal of June 16, 1883.

PASTY APPLICATIONS IN THE TREATMENT OF SKIN DISEASES.—In many inflammatory diseases of the skin, but especially in certain forms of eczema, ointments are not well borne. They are always dirty and difficult to remove, and in many cases tend to aggravate the irritation of the disease. Many substitutes have been proposed, among which, perhaps, Lassar's paste—consisting of starch, zinc, and vaseline—is most widely known, and has proved a most valuable addition to the materia medica of dermatology. Unna, who has made the subject of pasty applications to the skin an especial study, makes an interesting and useful report of his experiments in this direction in the Monatsheft für Praktische Dermatologie (1884, iii.). The first preparation which he devised, and which is commended on account of its simplicity and cheapness as well as of its excellent effect upon moist cutaneous diseases, is a so-called "bolus paste," composed of two parts of terra alba and one part linseed-oil or glycerin. It can be quickly and easily spread upon the skin in a thin layer, where it soon forms a dry, closely adherent, and protective coating. Various substances may be added to this paste for the purpose of modifying its action, care being taken to first mix the white earth with the oil or glycerin before adding the other ingredients. The following formulæ are recommended, especially for eczema: Terra alba, five parts; ol. lini, three parts; liq. plumbi subacetatis, two parts. M. Or, terra alba and ol. lini, each thirty parts; oxide of zinc and liq. plumbi subacetatis, each twenty parts. M. If instead of the terra alba the red Armenian bole is used, the color of the paste will approach that of the skin, which in some cases is an advantage. The bolus paste is recommended for all forms of eczema and for erythema, and as an excipient for strong oxidizing, reducing, or cauterizing agents.

We are glad to call attention to the excellent objection urged by our esteemed contemporary, the New York Medical Journal, to the general use of the word albumen. The white of egg, known in its entirety as albumen, is not identical with the precipitate from albuminous urine, and such being the case, the words used to indicate the two substances should not be identical.

W. R. WARNER & CO.'S ARTHROSIA.

The attention of the Medical Profession is respectfully directed to this *non-secret* and valuable remedy in acute and chronic Gout, Rheumatism, Rheumatic Headache, Sciatica, Neuralgia, and disorders of the Liver and Kidneys. The ingredients entering into its composition are each well-known remedies in the cure of these painful and dangerous conditions, and this preparation is regarded as a specific.

ARTHROSIA CONSISTS OF

ACIDUM SALICYLICUM (Salicylic acid),
EXT. COLCHICUM (Meadow Saffron),
RESINA PODOPHYLLUM (May Apple),
EXT. PHYTOLACCA (Poke Root),
QUINIA (Quinine),
CAPSICUM (Red Pepper).

ARTHROSIA is permanently anti-lithic, a perfect antidote in Rheumatism and Gout, powerfully tonic, alterative and blood restorative. Arthrosia is prepared in Pilular form for convenience of physicians' prescriptions, and coated with the superior non-oxidizable and readily soluble coating of sugar.

Arthrosia is put up in bottles, simply labelled with directions for use; there are 100 pills in each, and the physician's directions are written by the pharmacist. ☞ Per 100, 80c.

DIRECTIONS FOR USE OF ARTHROSIA.

Two to four pills at one dose, morning, noon and night, one hour before meals, and when the pain or suffering is very severe, take two pills during the night. Its use should be persisted in until all inflammation and stiffness in the affected parts totally cease. The dose should be modified according to the purgative effect produced.

Prepared by WM. R. WARNER & CO., PHILADELPHIA.

BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y., Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md., and

HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. Alan P. Smith has an addition to his family in the person of a daughter.

Drs. Christopher Johnston, Sr. and Jr., are expected to return from Europe next week.

Dr. Riggin Buckler, Univ. Md., '53, died at his cottage at Narraganset Pier, August 31, after a lingering and painful illness.

Dr. Melville Taylor, Univ. of Md., '71, died at his home in Baltimore County, September 16, of malignant diphtheria contracted in the performance of his professional duties. He was 34 years of age.

Dr. Charles W. Mitchell, '81, who was assistant resident physician at University Hospital two years, has just returned from Vienna where he has been continuing his medical studies for more than a year, devoting himself especially to obstetrics and pathology. Dr. M. will open an office here, and for the present will give his attention to general practice.

Dr. E. A. Wareham, '83, has gone into the drug business at Hagerstown as an adjunct to the practice of his profession.

Dr. George B. M. Free, '83, is on the surgical staff of Philadelphia Hospital.

Dr. W. H. Burr, '84, is practising at Wilmington, Del.

Dr. Chas. P. Noble, '84, has opened an office in Philadelphia.

The several medical schools of this city are preparing to begin work the first of October, and the indications are for full classes. We have always had a full number of medical schools here, but we are now promised still another. This increase is brought about by the "dividing up" of the Baltimore Medical College. The faculty had a fatal disagreement it seems, and two factions have issued circulars and located school buildings in different parts of the town. Each claims to be *the* Baltimore Medical College and each claims Mayor Latrobe as president. The latter acknowledges having accepted the presidency last year, with the understanding that his only connection with the institution was to be the delivering of diplomas on commencment day. He says he is now very anxious to resign but don't know to whom to send his resignation. It is to be hoped his Honor, the Mayor, may be be relieved of his embarrassment by the disappearance of both schools.

BUSINESS HOUSES IN BALTIMORE.

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The regular Annual Session of this School will begin **October 1st, 1884,** and end March 15th, 1885.

The Spring Session will begin March 20, 1885, and end June 15, 1885.

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